



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 04 2018

Ms. Marsha Pepper  
Administrator  
Twin Oaks Personal Care Home Inc.  
1100 Cowley Road  
Granville Summit, Pennsylvania 16926

RE: Twin Oaks Personal Care Home  
License #: 214700

Dear Ms. Pepper:

As a result of the Department of Human Services' (Department) annual licensing inspection on March 1, 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](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 cursive script, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21470 - 03/01/2018 - Yellenic, Cindy  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

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 home did not have a carbon monoxide monitor installed near the gas stove located in the kitchen as required by the Care Facility Carbon Monoxide Alarms Standards 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.

New Carbon Monoxide (Alarm) Monitors have been installed. As required by the Care Facility Carbon Monoxide Alarms Standards Act. Administrator will ensure ongoing compliance.

The administrator shall monitor and be responsible for ongoing compliance. m  
 4/3/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marsha Pepper Administrator</i>	Date <i>03-21-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/3/18</u> (Date)	Plan of correction implementation status as of <u>4/3/18</u> (Date)
The above plan of correction was approved by <u>m</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: 21470 - 03/01/2018 - Yellenic, Cindy  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff Person A, whose first paid day of work was 11-26-17, did not receive first day orientation until 11-28-17.  
 Staff Person B, whose first paid day of work was 1-18-16, did not receive first day orientation until 1-19-16.

**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 Persons A & B first paid day consisted strictly of completing the required online course. The very next time they were in the building they received the required orientation. In the future staff members will receive orientation on the same day as they take the online course. Administration will ensure ongoing compliance.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Maisha Pepper Administration</i>	Date <i>03-21-18</i>
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Violation Report: 21470 - 03/01/2018 - Yellenic, Cindy  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The annual training provided to Direct Care Staff Person(s) B and C, in the 2017 training year, did not include the mandated topic of medication self-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.*

*All staff actually did receive the required training but it was worded incorrectly. Beginning w/ 2018 training plan, it shall state "Medication self-administration" rather than "Medication Administration". Administration will ensure ongoing compliance*

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Violation Report: 21470 - 03/01/2018 - Yellenic, Cindy  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

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 #1, who was admitted to the home on [redacted]-17, had a medical evaluation completed on [redacted]-16, more than 60 days prior to the resident's admission date.

**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.*

Administrator will ensure that all future DME's are completed correctly and all residents have their medical evaluation no more than 60 days prior to admission.

This particular DME was actually completed on 01.9.17 but the resident was evaluated on 10.10.16.

The administrator shall monitor and be responsible for ongoing compliance.

*M*  
4/3/18

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Maisha Pepper Administrator*      Date *03.21.18*

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Violation Report: 21470 - 03/01/2018 - Yellenic, Cindy  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION  
 On March 1, 2018 at approximately 2:00pm, a loose pill was found in a drawer in the 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 medication was an eye-dropper that had accidentally been dropped. Staff was trained about importance of ensuring that all medications are kept properly stored in their original labeled containers @ all times. Administration will ensure ongoing compliance.

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**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**  
 On 2-18-2018 the blood glucose reading for Resident # 2 was 162 in the resident's glucometer, but was recorded as 158 on the treatment sheet used by the home to document blood glucose readings.  
 On 2-23-18 Resident #3's blood glucose(BG) reading at 8:00pm was 287, but was marked on the treatment sheet as 286.  
 On 2-24-18 Resident #3's blood glucose(BG) reading at Noon was 204, but was marked on the treatment sheet as 202

**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.

While these recordings were absolutely incorrect, they ~~were~~ <sup>did</sup> not affect the residents in any way as none are on a sliding scale with their insulin. Staff was instructed on the importance of carefully and properly recording all blood sugar readings. Administration will ensure ongoing compliance.

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