



JUN 28 2018

Ms. Karen Haverilla
Administrator
Haverilla Personal Care Home, Inc.
775 Stonetown Road
Rossiter, Pennsylvania 15772

RE: Haverilla Personal Care Home
Certificate #: 427930

Dear Ms. Haverilla:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 2, 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", is written over the printed name and title.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: HAVERILLA PERSONAL CARE HOME		License Number: 42793
Address: 775 STONETOWN ROAD, ROSSITER, PA 15772		County: Indiana
Administrator: Karen Haverilla		Region: WEST
Legal Entity Name: HAVERILLA PERSONAL CARE HOME INC		
Legal Entity Address: 775 STONETOWN ROAD, ROSSITER, PA 15772		RECEIVED
Certificate(s) of Occupancy Special Occupancy 07/28/1977 Labor & Industry		MAY 22 2018 WEST VIRGINIA FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 21	Waking Staff: 16
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/02/2018: Park, Beth; Garrigan, Laurie		
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: 24 Number of Residents Served: 21 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 10 Have Mental Illness: 21 Have an Intellectual Disability: 13 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 42793 - 03/02/2018 - Park, Beth
PCH Name: HAVERILLA PERSONAL CARE HOME

DEPARTMENT OF COMMUNITY DEVELOPMENT OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The privacy coding document, including the names of resident #5 and #6, was attached to the LIS, dated 3/9/17, which was posted in the kitchen area near the pantry.

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.

We immediately corrected this violation by removing the attached privacy coding document from the LIS.

To ensure continued compliance I have written a note to be sure the privacy coding document is removed from the LIS before posting - I put this note in the folder that is used to post the LIS.

Copy of note is included.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen J. Haverilla

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

Karen J. Haverilla, Administrator

Date

5-20-18

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

The above plan of correction is approved as of

5/30/18
(Date)

Plan of correction implementation status as of

5/30/18
(Date)

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

The above plan of correction was approved by

AJS
(Initials)

Violation Report: 42793 - 03/02/2018 - Park, Beth
PCH Name: HAVERILLA PERSONAL CARE HOME

MAY 22 2018

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

WEST HAVEN, CONNECTICUT
Human Services Building

2a. DESCRIPTION OF VIOLATION

At approximately 11:00 AM, resident #2 had no source of lighting that could be turned on/off from bedside.

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.

This was corrected immediately by [redacted] by replacing with a stick-on, push-in, led type light. To ensure continued compliance, Administration will be sure to keep this type of light available for replacement of broken or burned out lights. Staff has been trained by Administration to include checking the bedside light on the daily room checks - on 3-7-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen J. Haverilla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen J. Haverilla, Administrator* Date *5-20-18*

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

The above plan of correction is approved as of 5/30/18 (Date)

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

Plan of correction implementation status as of 5/30/18 (Date)

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

Violation Report: 42793 - 03/02/2018 - Park, Beth
PCH Name: HAVERILLA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600


2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

At 10:30 AM, there were 2 unlabeled, partially used bars of soap on the sink counter top in the large common bathroom.

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.

 immediately disposed of the bars not being sure of who they belonged to. The home does provide the liquid soap and we are not sure who had the bar soap. Administration has informed each resident that the bar soap must be kept in a box with their name and has trained staff to look for this and for anyone with their own bar so that we are able to stay in compliance with this regulation.
on 3-1-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen J. Haverilla

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

Karen J. Haverilla, Administrator

Date

5-20-18

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

The above plan of correction is approved as of

5/30/17
(Date)

Plan of correction implementation status as of

5/30/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JW.
(Initials)

Violation Report: 42793 - 03/02/2018 - Park, Beth
PCH Name: HAVERILLA PERSONAL CARE HOME

WEST VIRGINIA STATE OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At approximately 10:30 AM, there was no thermometer in the small refrigerator in building #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 thermometer was replaced by [redacted] in the small refrigerator. He could not determine where the thermometer went by interviewing residents and staff. He made them aware that it is a regulation and must remain in the fridge at all times. Administration also included this in the staff training on daily room checks on 3-7-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen J Haverilla

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

Karen J Haverilla, Administrator

Date 5-22-18

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

The above plan of correction is approved as of

5/30/18
(Date)

Plan of correction implementation status as of

5/30/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JW
(Initials)

Violation Report: 42793 - 03/02/2018 - Park, Beth
PCH Name: HAVERRILLA PERSONAL CARE HOME

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 fire drill record for the drill conducted on 1/18/18, did not include the time of the drill.

The fire drill record for the drill conducted on 8/1/17 at 5:30 AM, did not include the length of time it took for evacuation.

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.

Conducts the fire drill at the PCH. To be sure all information from the drill is recorded afterward - he will ask staff on duty to double check his forms before filing them. This will ensure continued compliance

5-25-18 A staff training is planned for June 1, 2018 to review the content of the Fire Drill Log and proper documentation of the information. Sending this plan and current Record.

The fire drill log contained all required information, including time of the drill and length of time for evacuation, for the drills conducted on 4/20/18 and 5/8/18. *pn. 5/30/18*

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/09/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Karen J Haverilla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen J Haverilla, Administrator* Date *5-20-18*

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

The above plan of correction is approved as of 5/30/18 (Date)

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

Plan of correction implementation status as of 5/30/18 (Date)

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

MAY 22 2018

Violation Report: 42793 - 03/02/2018 - Park, Beth
PCH Name: HAVERILLA PERSONAL CARE HOME

WEST HESKONFIELD OFFICE
Human Services Licensing

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 had a medical evaluations on 8/30/2017 and 1/12/2018. However, resident #1 was admitted on 11/30/2017.

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.

This violation occurred due to incorrectly thinking it was 40 days prior. Then when reviewing some folders this mistake was discovered. Unfortunately it was then beyond the 60 days after. Administration keeps a folder with a list of, and copies of, what is required in a folder. We have added this time frame to "Medical Evaluation" on this list so it will be in plain sight each time we make a new folder. And whoever makes the new folder will, upon completion, have it double checked. This new procedure for admission of a new resident will ensure compliance.

Within 10 days of receipt of the plan of correction: A designated staff person will review resident records to ensure each resident has a medical evaluation completed in its entirety and present in the resident's record. *pt. 5/30/18*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/09/2017	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Karen J Haverilla*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen J Haverilla, Administrator* Date *5-20-18*

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

The above plan of correction is approved as of 5/30/18
(Date)

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

Plan of correction implementation status as of 5/30/18
(Date)

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

Violation Report: 42793 - 03/02/2018 - Park, Beth
PCH Name: HAVERILLA PERSONAL CARE HOME

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

The manufacturer's instructions for resident #1's GNP eye drops indicate to discarded 28 days after opening. However, the resident's current container of eye drops was opened on 12/17/17.

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

These PRN eyedrops were discarded immediately and reordered and delivered that evening. They were used only once (12-17-17) and the new ones haven't been used. We will now - upon opening these drops, or any with a discard after opening time - mark the container (appointment calendar) with the date of discard. The pharmacy provided us with a list of drops that have a discard after opening time. Staff has been trained to follow this protocol with this type of med to ensure compliance. ON 3-7-18

Within 5 days of receipt of the plan of correction: A designated staff person who is qualified to administer medications will audit all medication being stored in the home to ensure they are stored in accordance with the manufacturer's instructions, including not storing medication beyond the date indicated by the manufacturer's instructions. *pu-5/30/18*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Karen J. Haverilla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen J. Haverilla, Administrator* Date *5-20-18*

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The above plan of correction is approved as of 5/30/18 (Date)

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

Plan of correction implementation status as of 5/30/18 (Date)

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

MAY 22 2018

Violation Report: 42793 - 03/02/2018 - Park, Beth
PCH Name: HAVERILLA PERSONAL CARE HOME

WEST VIRGINIA INDIAN OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Buspirone, 10 mg, 1 tablet three times per day. However, the resident's February 2018 medication administration record (MAR) does not include the initials of the staff person who administered the medication on the following dates and times:

- 2/13/2018 4:00 PM
- 2/14/2018 4:00 PM
- 2/16/2018 8:00 PM

Resident #1 is ordered Risperidone, 3 mg, 1 tablet two times per day. However, the resident's February 2018 MAR does not include the initials of the staff person who administered the medication on 2/16/18 at 8:00 PM.

Resident #1 is ordered Topiramate, 100 mg, 1 tablet two times per day. However, the resident's February 2018 MAR does not include the initials of the staff person who administered the medication on 2/16/18 at 8:00 PM.

Resident #4 is ordered Amantadine, 100 mg, 1 capsule three times per day. However, the resident's February 2018 MAR does not include the initials of the staff person who administered the medication on 2/14/18 at 12:00 PM.

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 PCH just went online with our MAR on 2-1-18. We are sure the medication was indeed given at the correct time but we were having some technical problems with the mouse being very sensitive as witnessed by representatives. Kelli called the pharmacy on 2-15-18 and on 2-2-18 a pharmacy rep came and did a refresh for state and found a "time-out" of laptop and unattached the mouse. We only use finger pad. We have had no problems since we also keep a notebook to document any technical problems. These measures will ensure continued compliance. See Below *

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Karen J. Haverilla*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen J. Haverilla* Date *5-20-18*

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

The above plan of correction is approved as of <u>5/30/18</u> (Date)	Plan of correction implementation status as of <u>5/30/18</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 <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

* Immediately and at least monthly thereafter: A designated staff person will review resident medication administration records to ensure they are initialed by staff at the time the medication is administered. *[Signature]* 5/30/18

Violation Report: 42793 - 03/02/2018 - Park, Beth
PCH Name: HAVERILLA PERSONAL CARE HOME

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 ordered Citalopram, 40 mg, 1/2 tablet per day and Gabapentin, 300 mg, 2 capsules two times per day. However, these medications were not available on 3/2/18.

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.

Resident #3 was admitted on 2-22-18 from the VA hospital in Pittsburgh. At inspection we were still waiting for the 2 medications to arrive from the VA Pharmacy. He has no other insurance to use another pharmacy in the future, when admitting from the VA - we will be sure that the hospital supplies enough medication to cover the typical 10-14 days it takes to arrive by mail.

Both medications were discontinued on March 7, 2018.

Sending current med list with this information included from the VA - 5-24-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Haverilla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Haverilla, Administrator* Date *5-20-18*

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

The above plan of correction is approved as of 5/20/18 (Date)

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

Plan of correction implementation status as of 5/30/18 (Date)

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