



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

Ms. Cheryl Evans-Sensanbaugher
Owner/Administrator
Jack and Cheryl Evans Sensanbaugher
P O Box 214
New Galilee, Pennsylvania 16141

RE: Evan's Personal Care Home
503 Centennial Avenue
New Galilee, Pennsylvania 16141
License #: 417370

Dear Ms. Sensanbaugher:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 6, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: EVANS PERSONAL CARE HOME		License Number: 41737
Address: 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141		County: Beaver
Administrator: Cheryl Sensanbaugher		Region: WEST
Legal Entity Name: JACK AND CHERYL EVANS SENSANBAUGHER		
Legal Entity Address: P.O. BOX 214, NEW GALILEE, PA 16141		
Certificate(s) of Occupancy		
C3	SP	
09/17/1984	02/10/1997	
L&I	L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 6	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/06/2018: Marini, Michael		
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: 8 Number of Residents Served: 6 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: 5 Are 60 Years of Age or Older: 3 Have Mental Illness: 5 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 41737 - 04/06/2018 - Marini, Michael
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.16 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6-23-16, requires carbon monoxide alarms to be installed in close proximity to, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home has numerous fossil-fuel burning devices; however, no carbon monoxide alarms are present in the home 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.

CARBON MONOXIDE DETECTOR HAS BEEN PURCHASED
AND A RECEIPT FOR ITEM WAS SENT TO
INSPECTOR.

DETECTOR HAS BEEN INSTALLED IN THE
PROPER PLACE FOR ADEQUATE PROTECTION.
IN BASEMENT.

IMMEDIATELY: THE HOME'S CARBON MONOXIDE DETECTORS SHALL BE
SERVICED AND MAINTAINED IN ACCORDANCE WITH THE MANUFACTURER'S
INSTRUCTIONS. *L*
6/18/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sensenbaur*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensenbaur Date 5/19/18

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

The above plan of correction is approved as of <u>6/18/18</u> (Date)	Plan of correction implementation status as of <u>6/18/18</u> (Date)
The above plan of correction was approved by <u><i>L</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: 41737 - 04/08/2018 - Marini, Michael
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There is no screen or partition in resident #2 bedroom to allow for privacy for the use of the resident's portable commode. Resident #2 shares his/her bedroom with another resident.

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 Privacy Screen has been placed in Residents Room.
Resident will be given proper privacy.
if needing the portable commode.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensabaugh

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

Cheryl Sensabaugh

Date 5/19/18

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
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Violation Report: 41737 - 04/08/2018 - Marini, Michael

PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

The home does not maintain written medication orders from prescribers for changes in medications.

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.

Admin. will maintain All ^{written} orders/changes on medications.

At present the former House Doctor relocated to another state. He discontinued a few medications ~~from~~ for a resident and notified pharmacy. However when printing out the new MAR it was still on records. Pharmacy had order from physician to dispense the medication.

Future documentation will be recorded as to date & written order signed by physician for "Home" records.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenb augh

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

Cheryl Sensenb augh

Date

5/19/18

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Violation Report: 41737 - 04/06/2018 - Marini, Michael
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD 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 #5 was prescribed Spiriva 18 mcg and Symbicort 160 mcg/4.5 mcg. Staff persons initialed the resident's April 2018 medication administration record (MAR) as administering these medications from 4-1-18 through 4-5-18; however, these medications were not administered to the resident, because they were not available in the home.

Resident #5 is prescribed Venlafaxine HCL 150 mg-1 by mouth 4 times daily. Staff persons initialed the resident's April 2018 MAR as administering these medications from 4-1-18 through 4-6-18; however, these medications were not administered to the resident, because they were not available 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.

Admin. will Review ALL MAR with medications every week as to not cause an oversight as to an order that should have been changed or removed.

Admin. will Review medication Procedures with staff so they are aware that some medications do not reappear on MAR or physician order medication list. Review was completed and will be done bi-weekly when new roll of meds are issued.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaur

5/19/18

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

Cheryl Sensenbaur

Date 5/19/18

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Violation Report: 41737 - 04/06/2018 - Marini, Michael
PCH Name: EVANS PERSONAL CARE HOME

JUN 01 2018

1. REGULATION 55 Pa.Code §2600
2800.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #6 was prescribed Spiriva 18 mcg-inhale contents of 1 capsule daily and Symbicort 160 mcg/4.5 mcg-inhale 2 puffs 2 times a day. These medications were discontinued on 4-8-18; however, were not administered to the resident from 4-1-18 through 4-5-18, because they were not available in the home.

Resident #5 is prescribed Venlafaxine HCL 150 mg-1 by mouth 4 times daily. This medication was not administered to the resident from 4-1-18 through 4-8-18, because it was not available 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.

Resident #5's Spiriva and Symbicort were discontinued on 4/6/18. 7/18/18
Resident #5's Venlafaxine was delivered to the home 7/18/18
A D/C order was signed, dated and sent to
Pharmacy for Resident #5 medications.

An order was faxed to Home for Home Record
As to date and med to be discontinued.
This was from previous physician, current
physician gave order that resident was
evaluated and does not need these medications

Immediately thereafter: A designated staff person shall review all
medication storage areas to ensure all prescribed medications are present in the home
for administration. The home shall develop procedures to ensure timely reordering
of medications to ensure they are delivered to the home prior to depletion.
Documentation shall be kept. 7/18/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/15/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Seasonbaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Seasonbaugh Date 5/19/18

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Violation Report: 41737 - 04/08/2018 - Marini, Michael
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #5's preadmission screening form is undated, so it is unable to be determined when it was completed. The resident was admitted to the home on 11-4-17.

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.

Resident #5's preadmission screening was updated. *e*
Admin. will Review All Records
ensuring Dates And Signatures Are completed.
At current time of completing A New Record.
Screening was Done on Day of Admission
oversight AS to completing Date.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sensenbaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sensenbaugh* Date *5/19/18*

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