



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 16 2018

Mr. Thomas A. Scanga
Administrator/Owner
Pine View Personal Care Facility, Inc.
PO Box 150
Vandergrift, Pennsylvania 15690

RE: Pine View Personal Care Facility
1113 Pine View Lane
Vandergrift, Pennsylvania 15690
Certificate #: 426690

Dear Mr. Scanga:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 11, 2018 and May 29, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

JUL 26 2018

Violation Report: 42669 - 05/11/2018 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

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 5-11-18 at 10:20 AM, the water temperature at the sink in the women's bathroom was 130.4 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 man- bought a new digital thermometer.
He will be checking water temperatures on a weekly basis and recording results.

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)

Date

7-24-2018

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

The above plan of correction is approved as of

8/10/18
(Date)

Plan of correction implementation status as of

8/10/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 26 2018

Violation Report: 42669 - 05/11/2018 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 5-11-18, no screens were present in the following windows:

- * The window in resident #1's bedroom
- * The window on the basement landing

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.

Screen was placed in Resident #1 window. The window in the basement is not accessible to residents. It is and always has been permanently closed.

Immediately, then monthly thereafter: A designated staff person shall inspect all windows to ensure a screen is present, in good repair and securely screened.

[Signature]
8/10/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/26/2017	
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Kowitz - Admin.</i>	Date <i>7-24-18</i>
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The above plan of correction is approved as of <u>8/10/18</u> (Date)	Plan of correction implementation status as of <u>8/10/18</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 <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42669 - 05/11/2018 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

JUL 26 2018

1. REGULATION 55 Pa.Code §2600
2600.93(b) - Each porch must have a well-secured railing.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 5-11-18, the handrail on the side deck was not securely attached to the deck and moved approximately 2" in each direction.

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 handrail was reattached and secured by [redacted]
Maintenance man.

Immediately: A designated staff person shall inspect all porches monthly to ensure all railings are well-secured.

[Signature]
8/10/18

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)

Date 7-21-18

[Signature]
Cheryl Kovatz - admin.

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Violation Report: 42669 - 05/11/2018 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

JUL 26 2018

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 5-11-18, a nonskid surface was not present on the steps at the following locations:

- * Back deck
- * Side deck
- * The external fire escape

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 outside steps will have nonskid slips put on them.
This will be done & completed by 7-26-18 - [REDACTED]

Immediately: A designated staff person shall inspect all interior stairs, exterior steps and ramps monthly to ensure nonskid surfaces are present.

[Signature]
8/10/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
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Cheryl Koratz - admin.

Date 7-24-18

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PCH Name: PINE VIEW PERSONAL CARE FACILITY

JUL 26 2018

WEST REGION FIELD 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

On 5-11-18 at 10:50 AM, the side-by-side refrigerator in the basement was 48 degrees Fahrenheit and at 5:00 PM it was 45 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.

Owner, [redacted] had a refrigeration man come out inspect unit and fill up freon on 6/7/18.

Immediately: A designated staff person shall check the temperatures of all refrigerators and freezers daily to ensure compliance with 2600.103f. *f*
8/10/18

Repeat Violation: No

Date(s) of Previous Violation(s):

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Violation Report: 42669 - 05/11/2018 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

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 fire drill records for fire drills conducted on 10-24-17 and 2-9-18 indicate the time of the drill as 1:45; however, does not indicate if it was AM or 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.

Cheryl Koantz, admin. - will make sure all documentation has am. or p.m. The drills done since inspection do have am. or p.m. documented.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Koantz

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

Cheryl Koantz - admin.

Date

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Violation Report: 42669 - 05/11/2018 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home has not conducted a fire drill during sleeping hours since before 1-23-17. Staff person A, the administrator, was unable to recall when the last fire drill was conducted during sleeping 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.

A fire drill was done 5-31-18 at 5:15 a.m. - Another drill will be done by Oct 2018.

Immediately: A designated staff person shall develop and implement a system to ensure a fire drill is held during sleeping hours at least once every 6 months.

[Signature]
8/10/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cheryl Kowitz admin.* Date *7-24-18*

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Violation Report: 42669 - 05/11/2018 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

JUL 26 2018

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home only used the ramp exit route for each monthly fire drill conducted from 1-23-17 through 3-16-18.

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.

*On May 21, 2018 & June 2, 2018. Two different exits were used.
Admin will continue to do this in drills in the future*

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cheryl Kowitz admin.* Date *7-24-18*

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Violation Report: 42669 - 05/11/2018 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home routinely schedules one staff person each night from 9:00 PM to 6:00 AM; however, has not conducted a fire drill with one staff person in the last year.

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 done 5-31-18 at 5:15 a.m. and will be done again before Oct. 2018.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cheryl Koontz admin.* Date *7-24-18*

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Violation Report: 42669 - 05/11/2018 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

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

Residents #2 and #3's glucometers are not calibrated to the current date and time.

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 glucometers including resident #2 & #3 - have been checked all have correct dates and times. A designated staff person shall inspect all resident glucometers monthly to ensure they are calibrated to the current date and time.

8/10/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Koontz admin. Date 7-24-18

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

Plan of correction implementation status as of 8/10/18 (Date)

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