



AUG 17 2018

Ms. Barbara J. Trosiek-Kett
Administrator
Michael M. Trosiek, Jr.
P.O. Box 535
New Salem, Pennsylvania 15468

RE: Trosiek's Personal Care Home
214 Second Street
New Salem, Pennsylvania 15468
Certificate #: 450260

Dear Ms. Trosiek-Kett:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 22, 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 a printed name and title.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 45026 - 05/22/2018 - Marini, Michael
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 Influenza Awareness Act, enacted on 11-21-16, requires personal care homes to post the influenza poster in a public place year-round. No influenza poster was posted in the home in accordance with the Influenza Awareness 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.

Administrator posted the Influenza Poster in a public place and will check periodically on the website to see that the home is complying with all Federal, State & local laws, ordinances & regulations. Photo Enclosed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara J. Trosiek-Kett

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

Administrator
Barbara J Trosiek-Kett

Date

6/27/2018

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

The above plan of correction is approved as of

8/6/18
(Date)

Plan of correction implementation status as of

8/6/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 45026 - 05/22/2018 - Marini, Michael
PCH Name: TROSIEK S PERSONAL CARE HOME

JUL 03 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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

Direct care staff person A, hired on 9-1-15, did not receive annual training on medication self-administration training during the 2017 training 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.

Administrator had a policy & procedure training on self-administration for all staff. Enclosed are copies will make sure this is done yearly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J Trosiek-Kett*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara J Trosiek-Kett</i>	Date <i>6-27-2018.</i>
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(Date)

Plan of correction implementation status as of 8/6/18
(Date)

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(Initials)

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Violation Report: 45026 - 05/22/2018 - Marini, Michael
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Nursing Services Unit

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 was admitted to the home on 8-19-17; however, the resident's medical evaluation was completed on 9-27-17, which exceeds 30 days after admission.

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 make sure all Residents medical evaluations are done at the specified guidelines.

Immediately: A designee shall review all resident records to ensure each resident has a medical evaluation, completed in its entirety, within 60 days prior to admission or within 30 days after admission.
8/6/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J Trostiek-Kett*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Barbara J Trostiek-Kett* *6/27/2018*

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(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 03 2018

Violation Report: 45026 - 05/22/2018 - Marini, Michael
PCH Name: TROSIEK S PERSONAL CARE HOME

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 were not calibrated to the current date and time.

Resident #2 is prescribed blood glucose monitoring three times a day. On the following dates and times, the resident's blood sugar was tested; however, the readings were not documented on the home's blood glucose monitoring sheet or on the resident's May 2018 medication administration record.

- * 5-17-18 at 4:04 PM-blood sugar reading of 564
- * 5-16-18 at 6:37 AM-blood sugar reading of 400

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 went over the guidelines with Staff-A and explained when testing resident #2's blood sugar all readings must be entered onto the mar's. Will check weekly to make sure all procedures are being followed properly. Administrator set the glucometers with the current date & time. Photo enclosed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J Trosiek Kett*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara J Trosiek Kett</i>	Administrator	Date <i>6/27/2018</i>
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JUL 03 2018

Violation Report: 45026 - 05/22/2018 - Marini, Michael
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #4, admitted on 4/25/18, has not been educated on the resident's right to question or refuse a medication if the resident believes there may be a medication error.

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 went over Resident #4's right to question or refuse medication. Administrator will check that all residents have the proper paperwork done and in their files. Copy enclosed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2017		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J. Trosiek Kett*

Printed Name and Title of Legal Entity Representative *Administrator*
(Required on EVERY Page) *Barbara J. Trosiek Kett* Date *6/27/2018*

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(Initials)

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Violation Report: 45026 - 05/22/2018 - Marini, Michael
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Health 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 #1 was admitted to the home on 8-19-17; however, no assessment was completed for the resident.

Resident #4 was admitted to the home on 4-25-18; however, no assessment was completed for the 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.

Administrator had Resident #1's assessment done on Aug 20, 2017, but did not have it in the file. Could not find it when inspector was here. Copy enclosed.

Resident #4's assessment - support plan was done on May 23, 2018. Administrator will make sure all paperwork is done at the specified time. Copy enclosed.

Immediately: A designee shall review all resident records to ensure each resident has an assessment, completed in its entirety, within 15 days of admission.
8/6/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J. Trostiek-Kerr*

Printed Name and Title of Legal Entity Representative Administrator
(Required on EVERY Page) Barbara J Trostiek-Kerr Date 6/27/2018

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Violation Report: 45026 - 05/22/2018 - Marini, Michael
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Muncie, IN 47306-1200

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 8-19-17; however, no support plan was completed for the 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.

Administrator had resident #1 support plan done but did not have it in the file, I could not find it when inspector was here. Will make sure all paperwork is done & in the files. Copy enclosed.

Immediately: A designee shall review all resident records to ensure each resident has a support plan, completed in its entirety, within 30 days of admission.

[Signature]
8/6/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J Trosiek Kerr*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Barbara J Trosiek Kerr Administrator.* *6/27/2018*

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Violation Report: 45026 - 05/22/2018 - Marini, Michael
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #4's resident record did not include a photograph of the 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.

Administrator took photo of Resident #4's and put the photo in her file. Will make sure all photos are placed in files at the time of admission. All resident photo enclosed. photos shall be updated at least every 2 years.

[Signature]
8/6/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J. Trosiek Kerr*

Printed Name and Title of Legal Entity Representative Administrator
(Required on EVERY Page) *Barbara J Trosiek Kerr* Date *6/27/2018*

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