



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 10 2018

Ms. Aundrea Leonard
Owner/Partner
Elite Care Group LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038
License #214770

Dear Ms. Leonard:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 24, 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.


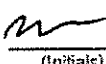
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

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: 21477 - 05/24/2018 - Deluca, Amy PCH Name: LIZA S HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	
2a. DESCRIPTION OF VIOLATION The License Inspection Summaries dated 6/1/2017, 9/20/2017, and 03/06/2018 were not posted in a public and conspicuous place in the home at the time of arrival for the renewal inspection.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
1) This regulation is important because this allows our residents and guests the opportunity to review summaries in their entirety. 2) The binder containing the inspection summaries was posted in a less commonly trafficked area of the home. The inspection summaries binder has been posted a common area of the home in the same location for approximately 12 years. It is in a room which is the only access point between the front of the house, where the living room is, the front porch and 2 resident rooms, and the back of the house, which is the additional 18 resident rooms, the dining room, kitchen and main entry area. The room also provides access to a public restroom as well as the resident community phone. 3) The binder containing the inspection summaries was relocated prior to the inspectors exit conference. 4) The binder containing the inspection summaries was posted in another room, however this room is less trafficked by visitors and families, although it is a public area. 5) The binder containing the inspection summaries will remain in a more public area. 6) Administrator will monitor for ongoing compliance.	
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) <u>Michael S Skowron, Administrator</u>	
Date <u>6/29/18</u>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by  (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: 21477 - 05/24/2018 - Deluca, Amy	
PCH Name: LIZA S HOUSE	
<p>1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.</p>	
<p>2a. DESCRIPTION OF VIOLATION At approximately 10:00am the exit door located in the gazebo room of the home was stuck and required excessive force to push the door open.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>1) This regulation is important because it must be easy for the residents to evacuate in an emergency situation. 2) The exit door in question was sticky upon the first attempt to open it by the inspector. 3) The door remained easily opened upon numerous additional attempts that day. Maintenance was notified of the issue. 4) The rubber weather stripping at the bottom of the door, which prevents pests and cold air from entering the building, was most likely sticky do to the heavy rain falls received a few days prior to inspection. Humidity was high at the time of inspection most likely making the weather stripping tacky. 5) The door in question is used for evacuation as well as access to an outdoor sitting area. Maintenance was told of the issue and the weather stripping has been adjusted to allow for expansion and tackyness of the weather stripping. 6) Administrator will work with maintenance to monitor for ongoing compliance.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/01/2017
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Rachael S. Skornik, Administrator</u>	
Date <u>6/22/18</u>	
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Violation Report: 21477 - 05/24/2018 - Deluca, Amy
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 On 5/11/18 and 5/12/18 the home did not have a staff person scheduled who has completed the Department's required medication administration training program during the 3rd shift hours of 11pm to 7am, nor were there any other licensed staff available in the home to administer medications to residents during these 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.

*6-29-18 as per our conversation:
 → The home shall have trained staff able to administer*

- 1) This regulation is important because it provides medication needs to our residents in a timely manner.
- ~~2) A medication technician is on call during the hours of 11pm to 7am when a medication technician is not present in the home.~~
- 3) Two associates are currently completing their medication administration training to then be placed on the schedule for 11pm to 7a.
- ~~4) Due to changes in staffing the medication technician on call was implemented with the requirement of the medication technician had to be able to respond in timely manner to the home 10-15 minutes from the request of the medication from the resident.~~
- 5) The home will continue to train associates through the medication administration training to ensure staffing needs.
- 6) Administrator will continue to monitor for compliance.

→ medications to all residents all 3 shifts. The administrator shall monitor and be responsible for ongoing compliance:


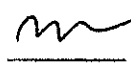
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* *6/29/18*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael S. Silcox, Administrator* Date *6/22/18*


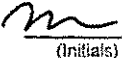
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Violation Report: 21477 - 05/24/2018 - Deluca, Amy PCH Name: LIZA S HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home	
2a. DESCRIPTION OF VIOLATION Resident #1's 100 unit Novolog insulin pen was labeled as opened on 4/11/2018 and therefore expired on 5/9/2018. At the time of the medication cart audit the home was still administering insulin to Resident #1 with the expired pen.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>1) It is important residents receive proper medications to help maintain their health status.</p> <p>2) The expired insulin pen was still being used to administer Novolog to the resident.</p> <p>3) New insulin pen was requested STAT order from pharmacy and expired pen was disposed of.</p> <p>4) Staff did not take note of expiration date of Novolog pen</p> <p>5) Staff will be required to do weekly audits of residents insulin pens and complete log to assist in monitoring insulin supply. (see attachment #1)</p> <p>→ 6) Administrator will monitor for ongoing compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Rachael S Skornika	Date 6/29/18
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Violation Report: 21477 - 05/24/2018 - Deluca, Amy PCH Name: LIZA S HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.164(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	
2a. DESCRIPTION OF VIOLATION The label for Resident #1's Glimerpid 2 mg tablets stated "take 2mg tablet daily" The order listed on the Medication Administration Record (MAR) is actually for 1 tablet to be taken twice daily. The dosage instructions on the label did not match the instructions on the MAR.	
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.	
1) It is important for residents to receive their medications properly and ensure there are no discrepancies between the MAR and the medication bottle. 2) The resident had a dosage change of the medication and the label on the bottle was never updated to reflect the change. 3) The incorrect label was immediately removed from the bottle. 4) The resident had had an order change of the Glimiperide. 5) Staff will be reminded of the proper protocol for order changes as well as a reminder that all medications bottles must match the order in the MAR. Upon an order change, staff will also complete a log in order to be able to go back and audit future medication changes. 6) Administrator will monitor for ongoing compliance.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>TSB</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rachael S. Shorinka, Administrator	Date 6/29/18
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Violation Report: 21477 - 05/24/2018 - Deluca, Amy PCH Name: LIZA S HOUSE	
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 The glucometer for resident #1 was not calibrated to the correct time. The time for the most recent reading was recorded on the MAR as 8:04am but was shown as 2:43am in the resident's glucometer.	
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.	
1) It is important to have the appropriate date and time on the glucometer to be able to ensure the blood glucose readings match the MAR and establish the glucometer is being used for only one resident. 2) The glucometer was reading the incorrect time. 3) Glucometer was re-calibrated to correct date and time. 4) The glucometer was never correctly calibrated to the date and time. 5) Staff sign off weekly that the glucometer is calibrated to correct date and time. (see attachment #2) 6) Administrator will monitor for ongoing compliance	
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Signature of Legal Entity Representative <i>LS</i> (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rachael S. Skerincov, Administrator</i>	Date <i>6/22/18</i>
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Violation Report: 21477 - 05/24/2018 - Deluca, Amy PCH Name: LIZA S HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	
2a. DESCRIPTION OF VIOLATION The home utilizes agency nurses on an as needed basis for occasional coverage. The agency nurses are administering medications but do not document the medications as being administered in the home's EMAR system. The agency nurses keep separate paper documentation of medication administration. On 5/12/18 and 5/13/18 an agency nurse administered medications to resident #1 but did not record the information on the resident's MAR. Also, on 5/19/2018 an agency nurse administered medications to resident #2, but erroneously documented the medications as being administered on 5/18/18.	
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.	
1) It is important that all documentation be correct so we can properly care for our residents and monitor their medical conditions. 2) Agency personnel improperly documented on the paper MAR when giving medications. 3) A note reminding agency personnel on how to complete a paper MAR was created and submitted to the agency for review with their personnel. 4) With the changes from paper MAR to Electronic MAR many agency personnel are unfamiliar with paper MAR today. Daily reminders to agency personnel are helpful in the proper completion of paper MAR. 5) Going forward, any printed paper MAR will be highlighted on the correct date. A note reminding agency personnel how to complete a paper MAR will be attached to the MAR. (see attachment #3) 6) Administrator will monitor paper MAR for compliance. Agency will be notified of any discrepancies.	
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) Rachael S. Skerinko, Administrator	
Date 6/22/18	
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Violation Report: 21477 - 05/24/2018 - Deluca, Amy PCH Name: LIZA S HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #1 has an order for blood glucose checks two times per day with insulin to be administered according to a sliding scale. On the following dates and times Resident #1's blood glucose levels indicate the resident required insulin but the medication was not administered: 5/18/2018 at 8:16pm the blood glucose reading = 226; 2 units of insulin required, 0 units administered. 5/21/2018 at 8:17pm the blood glucose reading = 295; 4 units of insulin required, 0 units administered. 5/23/2018 at 8:29pm the blood glucose reading = 348; 6 units of insulin required, 0 units administered.	
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.	
1) Following physician orders and administering medications as prescribed is important to ensure our residents health and safety. 2) Med tech on duty did not properly administer insulin as prescribed by the residents physician. 3) Staff member who did not provide insulin will be reeducated by a certified diabetes educator on June 21, 2018 4) With continuing proper education staff members will continue to provide medications as prescribed by their physicians. 5) Audits of the MAR will be completed to monitor insulin being given as prescribed by resident physicians. 6) Administrator will monitor for ongoing compliance	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>AS</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael S. Swinko, Administrator</i>	
Date <i>6/22/18</i>	
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