



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2018

Ms. Jessica Scheffner
Administrator
Mrs. Bush's Personal Care Home, Inc.
PO Box 327, 302 Kunkletown Road
Kunkletown, Pennsylvania 18058

RE: Mrs. Bush's Personal Care Home I
License #: 228350

Dear Ms. Scheffner:

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

A handwritten signature in cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: MRS BUSH S PERSONAL CARE HOME I		License Number: 22835
Address: PO BOX 327 302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Jessica Scheffner		Region: NORTHEAST
Legal Entity Name: MRS BUSH'S PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 327 302 KUNKLETOWN RD, KUNKLETOWN, PA 18058		
Certificate(s) of Occupancy		
I-2 R2 03/09/2014 Eldred Township	C-2 LP 10/10/1995 L&I	C-2 LP 04/13/1989 L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 64	Waking Staff: 48
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/06/2018: Harvey, Jason; Valence, Duane		
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: 70 Number of Residents Served: 56 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: 1 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 1	

Violation Report: 22835 - 06/06/2018 - Harvey, Jason
PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff member A received only 8 of the required 12 hours of annual training related to their job duties in 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.

Direct care staff member A is no longer employed by us, therefore, we are unable to correct the violation for this individual. The Assistant DON will be responsible to conduct a quarterly review of staff progress with required trainings, to ensure that direct care staff complete the 12 hours of training annually.

The Administrator will oversee to insure ongoing compliance of

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner* Date *7/2/18*

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

The above plan of correction is approved as of 7/23/18 (Date)

Plan of correction implementation status as of 7/23/18 (Date)

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

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

Violation Report: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600

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 members A and B did not receive the following required annual training topic for the 2017 training year:

- *Medication self-administration training
- *Instructions on meeting the needs of the residents as described in the preadmission screening, medical evaluation and resident assessments support plan
- *Personal care service needs of the resident

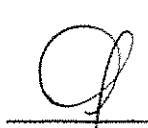
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

Staff person A is no longer employed. Staff person B was provided with the training topics listed above in 2a. (See training ^{YES} plan). The 2018 Facility Training Plan was modified (see attached) ^{YES} to include all training topics in 2600.65(f). The Assistant DON will be responsible to schedule all training topics annually as required in 2600.65(f).
 The Administrator will oversee to ensure ongoing compliance. Of

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
Jessica Scheffner		7/2/18

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The above plan of correction is approved as of <u>7-23-18</u> (Date)	Plan of correction implementation status as of <u>7/23/18</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: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff member A did not receive training in Resident Rights and the Older Adult Protective Services trainings for the year 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.

Staff member A is no longer employed by us, therefore, we are unable to correct the violation for this individual. The Assistant DON will be responsible to schedule all training topics annually as required by 2600.65(g).

The Administrator will oversee to ensure ongoing training - cc

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Scheffner</i>	Date <i>7/2/18</i>
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The above plan of correction is approved as of 7/23/18
 (Date)

The above plan of correction was approved by *J*
 (Initials)

Plan of correction implementation status as of 7/23/18
 (Date)


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

Violation Report: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

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
 The hot water reading at the sink in the bathroom located in room SR-4 had a hot water reading of 122.7 degrees Fahrenheit that exceeds the 120 degree Fahrenheit temperature requirement of this regulation.

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 believe this violation to be incorrect. The inspector tested the water under running tap water as opposed to proper technique which would include placing the thermometer into a cup with the tap water running into the cup to obtain an accurate temperature. Also, the inspector did not know when the thermometer had last been calibrated. We did, however, adjust the setting on the hot water heater in this section of the facility. Upon retest the temperature was 118.4 degrees. The maintenance supervisor will be responsible to conduct periodic temperature readings to ensure the temperature does not exceed 120 degrees. Adm will oversee to ensure ongoing compliance. 

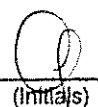
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)  Date 7/2/18

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 (Date)

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 (Initials)

Plan of correction implementation status as of 7/23/18
 (Date)

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

Violation Report: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The door leading to the court yard area has a step-down of six inches and the door leading outside next to the activities area has a step-down of 6 inches; the home does not have a well-secured handrail for the step-down areas.

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 is incorrect in the measurement of the step-down for both areas. The step-down leading to the courtyard measures 1 1/2 inches and the step-down next to the activity area measures 3 1/4 inches. The maintenance supervisor will install well-secured handrails at both step-down areas no later than August 30, 2018.

Administrator will oversee to ensure ongoing compliance. Q

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner* Date *7/2/18*

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

Plan of correction implementation status as of 7/23/18 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600

2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.


2a. DESCRIPTION OF VIOLATION

The home has an internal courtyard with three (3) doors that lead into the courtyard that has no external exit. The three (3) entrances to the courtyard all have "EXIT" signs above the doorways that least out to this internal courtyard with no external exit.

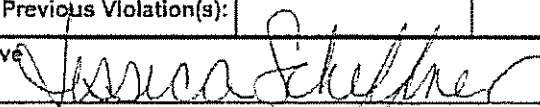
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 maintenance supervisor will cover or remove the exit signs at the courtyard doors no later than August 30, 2018.

Administrator will follow up to insure compliance. 


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jessica Scheffner	Date 7/2/18
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 (Date)

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 (Initials)

Plan of correction implementation status as of 7/23/18
 (Date)

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Violation Report: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The Medical Evaluation (DME) dated 5/15/2017 for resident #1 is incomplete. Temperature reading was left blank by the Medical Professional.

The Annual Documented Medical Evaluation(DME) dated 4/12/2018 for resident #2 is incomplete. Section #7, Ability to Self-Administer Medications was left blank by the Medical Professional.

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 were not provided with the names of resident #1 or resident #2 on the "Resident Privacy Coding Document". Upon receiving, we will complete the missing information. For future compliance the administrator will review all DME forms for accuracy and completion after receiving them from the DON.

The resident privacy coding has been updated.

The Administrator will oversee this plan of correction to ensure ongoing compliance. ☐

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	Jessica Scheffner
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jessica Scheffner	7/2/18

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 (Date)

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 (Initials)

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Violation Report: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

Resident #1 was requested to return to his/ her bedroom for an interview. The bedroom door was left open prior to entry. The following medications were found in the resident room at the time of the interview:

A medication container of prescribed Omeprazole, 20 mg capsules; one capsule to be taken orally every morning

A medication container of prescribed Fluticasone prop 50 mcg nasal spray to be sprayed in each nostril in the morning

An over the counter container of "Refresh Tears" belonging to resident #1 was observed unlocked lying on a dresser.

Resident #1 stated medications are kept unlocked and the bedroom door is not locked when resident #1 leaves the room.

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 resident was provided with a locking medication pouch and instructed on how to securely use and store her self-administration medications in it. For future compliance, the DON will ensure that self-medicating residents maintain medications in a locked container or cabinet by educating residents and conducting periodic checks. Other home staff that have access to resident rooms (ie housekeeping/laundry) will also report to the DON or designee if self-medication is left unlocked. CP.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffner* Date *7/2/18*

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The above plan of correction is approved as of 7/23/18
 (Date)
The Administrator will oversee to ensure ongoing compliance

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

Plan of correction implementation status as of 7/23/18
 (Date)

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

Violation Report: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

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 home did not properly maintain the Medication Administrator Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:
 Resident #4- At 12pm on 6/4/18 the reading was 308 but was incorrectly transcribed as 309
 Resident #4- At 7:30am on 6/4/18 the reading was 154 but was incorrectly transcribed as 127

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.

For correction, all medication aides have been inserviced/trained on new "policy and procedure for glucose testing" (see attached ^{ES}). Staff are required to take the glucometer to the computer and chart the result exactly as it appears on glucometer. Staff are not permitted to enter glucose reading by memory or by transcribing the reading onto paper before entering it in the computer. The DON and Assistant DON will be responsible to monitor ongoing compliance by staff with this procedure. The administrator will oversee to ensure ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/08/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner* Date *7/2/18*

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 (Date)

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Violation Report: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION *error 6-4-18 is correct date*
 On 6/4/17 at 7:30AM, the blood glucose reading of resident #4 was 154. Per the prescribed sliding scale insulin parameters, the resident should have received 4 units of insulin but instead received 2 units of insulin due to staff incorrectly documenting the blood glucose level on the resident's 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.

An incident report documenting the medication error has been completed and submitted with this plan of correction. The actual date of incident was 6/4/18, not 6/4/17 as listed above. Staff have been educated on new policy and procedure for documenting glucose readings to avoid similar errors in future. The DON and Assistant DON will monitor staff compliance with this procedure. The Administrator will oversee to ensure ongoing compliance.

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

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 (Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffner* Date *7/2/18*

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 (Initials)

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 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 22835 - 06/06/2018 - Harvey, Jason
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600

2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

2a. DESCRIPTION OF VIOLATION

The Medical Evaluation dated 5/15/2017 for resident #1 completed by a Medical Professional indicates that resident #1 cannot self-administer medications. The initial resident assessment and support plan dated 7/17/2017 for resident #1 under the Assessment-Medications section is not consistent with the prescriber's determination that resident #1 is not capable of self-administration of 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.

In this situation, the facility documented the correct option for the resident's ability to self-administer medications; this is further supported by the fact that the same physician later wrote orders for this resident to maintain medications in her room to self-administer. In this instance, we should have contacted the physician to correct the DME. The most recent DME dated for 5/17/18 is documented correctly. For future compliance the DON will contact physicians to obtain the proper documentation for resident's ability to self-administer.
 The Administrator will oversee to ensure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Schefner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Schefner* Date *7/2/18*

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 (Date)

The above plan of correction was approved by *JP*
 (Initials)

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 (Date)

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