



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Ms. Wendy Peace
Owner/Administrator
Wendy Jo Peace
P.O. Box 536
429 Union Street
Big Run, Pennsylvania 15715

RE: Peace's Personal Care Home
Certificate #: 406550

Dear Ms. Peace:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 31, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 40855 - 08/31/2018 - Winters, Lynn
LH Name: PEACE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code 52600

2500.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

There was confidential medical information for multiple residents posted on the wall in the kitchen, to include food allergy information for resident #1 and psychiatric appointments scheduled for resident #2.

2. 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 have always had an appointment calendar posted in kitchen area so that residents as well as staff were aware of appointments also if any residents had allergies it was posted in kitchen as a reminder to staff it was never stated before that this was an issue but on day of inspection when it was brought to my attention that this was a problem we immediately removed allergy list and appt. calendar and they were put into office as to not be seen by anyone but staff and residents. This will be the new permanent place for those. WTP

Immediately - The administrator will implement monitoring procedures that include at a minimum, weekly checks throughout the home by the administrator or designed to ensure resident records are kept confidential in accordance with Chapter 2600.17.

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

Signature of Legal Entity Representative (Required on EVERY Page) Wendy J. Peace

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy J. Peace (Administrator) Date 12-26-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/12/19 (Date)

Plan of correction implementation started on 4/12/19 (Date)

The above plan of correction was approved by BB (Initials)

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

135
4/17/19

Violation Report: 40666 - 08/31/2018 - Winters, Lynn
PCH Name: PEACE S PERSONAL CARE HOME

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 services 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

The home's staff training year is 1/1 - 12/31. Staff person A, hired 3/8/08, did not have training on instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during the 2017 annual training year.

A. 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 step cannot be completed immediately, include dates by which the steps will be completed.

on 4/16/19, the home submitted a training record indicating staff person A received training on Chapter 2600.65(f)(2) on 9/4/18. BB 4/17/19

I could not find the training that we did on Meeting the needs of the residents as prescribed in the pre-admission screening form, assessment tool, medical evaluation but I know was done in the training year of 2017 but I am sure the training is done for 2018. And is in the training packets for 2019.

WJP

Immediately - The administrator will implement procedures that ensure all training records are retained, documented in accordance with Chapter 2600.65(f) and accessible to agents of the Department immediately upon request. BB 4/17/19

Immediately and then monthly thereafter - The administrator will review the home's staff training plan to ensure that each direct care staff person receives all of the training topics require by Chapter 2600.65(f)(2) - BB 4/17/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J Peace (Administrator)* Date *12-26-18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/17/19 (Date)

Plan of correction Implementation status as of 4/17/19 (Date)

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

The above plan of correction was approved by BB (Initials)

Violation Report: 40865 - 08/31/2018 - Winters, Lynn
 CH Name: PEACE S PERSONAL CARE HOME

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 following water temperatures were measured in bathrooms accessible to residents of the home:

- * Common bathroom near bedroom 1 127.4° F at 10:20 AM
- * Common bathroom across from bedroom 4 129.9° F at 10:08 AM
- * Common bathroom near 2nd floor living room 125.0° F at 10:13 AM

DEC 26 2018

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 day before inspection we had a new hot water tank installed and we were still in process of learning to get it adjusted but before end of day (day of inspection) we did get it regulated and within normal range and has since been good.

WTP

Immediately and at at least twice per month thereafter - A designated staff person will check hot water temperature in areas accessible to residents to ensure that it does not exceed 120° Fahrenheit. Bb 4/12/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy J. Peace (administrator) Date 12-26-18

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

The above plan of correction is approved as of 4/12/19 (Date)

The above plan of correction was approved by Bb (Initials)

Plan of correction implementation status as of 4/12/19 (Date)

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

Violation Report: 40655 - 08/31/2018 - Winters, Lynn
PCH Name: PEACE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

DEC 26 2018

2a. DESCRIPTION OF VIOLATION

There is not a grab bar at the walk-in shower in the 1st floor common bathroom by bedroom 1.

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.

was fixed day of inspection I went and purchased a grab bar at wal-mart that suction cups to shower wall and it was placed in shower that day and is working well.

WTP

Immediately and at least twice per month thereafter - A designated staff person will check toilet and bath areas to ensure they have grab bars, hand rails or assist bars. BB 4/17/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wanda J. Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wanda J. Peace (administrator)* Date *12-28-18*

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

The above plan of correction is approved as of 4/12/19 (Date)

Plan of correction implementation status as of 4/17/19 (Date)

The above plan of correction was approved by BB (Initials)

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

Violation Report: 40866 - 08/31/2018 - Winters, Lynn
FCH Name: PEACE 9 PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2800

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was approximately 1/8" of lint covering the entire lint screen in the clothes dryer at 10:44 AM.

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 was doing laundry at time of inspection a load of towels was removed just prior to inspector checking lint trap. Staff was informed of importance of cleaning lint trap after each load of laundry and that regardless of amount needs to be cleaned after each load.

WJP

Immediately and daily thereafter - A designated staff person will check the lint trap and drum of clothes dryers to ensure that staff are removing lint after each use. *BS 4/17/19*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Deans*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Deans (Administrator)* Date: *12-26-18*

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

The above plan of correction is approved as of 4/12/19 (Date)

The above plan of correction was approved by BS (Initials)

Plan of correction implementation status as of 4/12/19 (Date)

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

Violation Report: 40856 - 08/31/2018 - Winters, Lynn
PCH Name: PEACE'S PERSONAL CARE HOME

DEC 26 2018

1. REGULATION 58 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

Staff person B, the home's administrator, checked "cannot self-administer medications" on the initial medical evaluation for resident #3, dated 1/2/18, because the physician failed to do so. Staff person B is unqualified to complete or make changes to the medical evaluation. In addition, the medical evaluation is incomplete with no 2nd page.

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.

I as the administrator am usually the one that fills out the residents DME and MA-51 Forms the Dr adds what is needed and signs them therefore when that was not marked as I usually mark them anyway yes I did mark it on the form, So From now on if it needs to be marked after the fact the doctor will need to do so and initial it when he does and date.

WJP

Immediately - The administrator will implement monitoring procedures that ensure compliance. The procedures will include, at a minimum, checks of each resident's current medical evaluation for full completion and checks of future medical evaluations for full completion prior to filing in the resident's record. Resident #3 is no longer served in the home. BB 4/17/19

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/08/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J Peace (Administrator)* Date: *12-26-18*

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

The above plan of correction is approved as of 4/12/19 (Date)

Plan of correction implementation status as of 4/17/19 (Date)

The above plan of correction was approved by BB (Initials)

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

Violation Report: 40886 - 08/31/2018 - Winters, Lynn
FCH Name: PEACE & PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.186(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 belonging to resident #4 was not calibrated to the correct 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.

Glucometers will be checked to be sure dates and times are accurate daily.

WTP

Within 30 days of receipt of the plan of correction - All staff persons involved with glucometers will be educated on the home's procedures required by chapter 2600.186(a) and proper usage and manufacturer's instructions of glucometers. BB 4/12/19

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

Signature of Legal Entity Representative (Required on EVERY Page) Wendy J. Peace

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy J. Peace administrator Date: 12-26-18

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

The above plan of correction is approved as of 4/12/19 (Date)

Plan of correction implementation status as of 4/12/19 (Date)

The above plan of correction was approved by BB (Initials)

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

DEC 26 2018

Violation Report: 40855 - 08/31/2018 - Winters, Lynn
PCH Name: PEACE 5 PERSONAL CARE HOME

1. REGULATION 67 Pa. Code §2600

2300.225(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

The initial assessment, dated 1/15/18, for resident #3 does not address the diagnoses of diverticulitis or anemia, which are indicated on the initial medical evaluation, dated 1/2/18, nor does it address her allergies to peanuts and penicillin. The medical evaluation also indicates diagnoses of schizophrenia paranoid type and generalized anxiety disorder, yet all of the cognitive needs on the assessment are assessed as "A - No problem" and no supports are indicated.

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 #3 is no longer served in the home. BS 4/17/19

Was corrected at time of inspection. The day of inspection on the assessment of Resident #3 diagnosis of diverticulitis or anemia was added to assessment and Allergies were also listed to assessment. Also indicated schizophrenia paranoid type and generalized anxiety disorder yet all cognitive needs on the assessment are marked as "A" no problem but was changed on day of inspection and was changed to "B" and adjusted. From now on more attention will be paid to that on Assessments.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Wendy J Peace Administrator

Date

12-26-18

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

The above plan of correction is approved as of

4/17/19
(Date)

Plan of correction implemented on status as of

4/17/19
(Date)

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

The above plan of correction was approved by

BS
(Initials)

Violation Report: 40856 - 08/31/2018 - Winters, Lynn
 PCH Name: PEACE S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.262 - Each resident's record must include the following information: (1) through (26)

DEC 26 2018

2a. DESCRIPTION OF VIOLATION

The photographs of resident #4 and resident #5 were undated.

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 dates of all photos in charts were not on pictures in charts I know for a fact all pictures are being updated in January 2019 every 2 years regardless of when they were last taken.

WTP

Immediately - The administrator will implement procedures that ensure each newly admitted resident has a dated photograph no more than 2 years old retained in the resident's record upon admission. The procedures will include at least quarterly reviews of resident records to ensure they include all of the requirements of Chapter 2600.252 (1) - (26).

BB
 4/12/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy J Peace*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Wendy J Peace administrator* Date: *12-26-18*

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

The above plan of correction is approved as of <u>4/12/19</u> (Date)	Plan of correction implementation status as of <u>4/12/19</u> (Date)
The above plan of correction was approved by <u>BB</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