



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 14 2018

Mr. Francisco Peters
AVP/Administrator
Allied Services Personal Care Inc.
100 Terrace Lane
Scranton, Pennsylvania 18508

RE: Allied Terrace
License #: 200250

Dear Mr. Peters:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 28, 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

Violation Report: 20025 - 09/28/2018 - Deluca, Amy
 PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The 2nd floor phone located near the elevator did not have the required emergency numbers posted next to it.

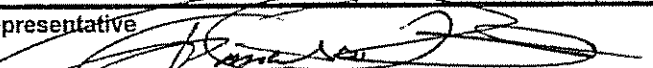
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

See attached →

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)	Date
Francisco Peters (Adm)	10-30-18

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The above plan of correction is approved as of <u>10/31/18</u> (Date)	Plan of correction implementation status as of <u>10/31/18</u> (Date)
The above plan of correction was approved by <u>m</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

2A



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30 October 2018

Regulation 2600.91

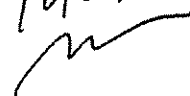
Correction to the description of violation 2600.91.

The emergency numbers in question was found on the 3rd floor end of hallway not 2nd floor by the elevator.

The Administrator in conjunction with the Environmental Department (Housekeeping) will be entrusted with maintaining vigilance/policing the required compliance with regulation 2600.91. This deficiency was corrected during the survey for it was demonstrated to the surveyors that the velcro framed numbers adhered to the wall above the phone in question was recently removed by perhaps a confused resident as the velcro was still in place above the phone. A new frame with the emergency numbers was replaced in the company of the surveyor. This task will be monitored on a daily basis by the stated department on a continuous basis.

Completion date ongoing.

The Administrator will oversee to ensure all ongoing compliance.

10/31/18


Violation Report: 20025 - 09/28/2018 - Deluca, Amy
 PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On the date of inspection 1 bag of approximately ½ pound of frozen blueberries and 1 bag of approximately 1 pound of frozen peach slices were found in the walk-in freezer in bags that were open to the air and not sealed.

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

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 (Date)

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 (Initials)

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- Not Implemented



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Regulation 2600.103(g)

The Administrator in conjunction with the Dietary Manager have reeducated the entire Dietary Department to the importance of adhering to the requirements of regulation 2600.103(g) in regards to the appropriate manor of storing any food products in the refrigerator/freezer in closed sealed containers and dated.

This task will be monitored on a daily basis by the Dietary Manager and Assistant Managers entrusted with this task.

Completion date ongoing.

The Administrator will oversee to ensure all ongoing compliance.

10/31/18

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke.

Violation Report: 20025 - 09/28/2018 - Deluca, Amy

PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600

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

The dryer located in the home's laundry room contained a layer of lint in the lint trap.

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.

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Regulation 2600.105(g)

The Administrator in conjunction with Allied Services Facilities Department (the department entrusted with this task) will be assigned with monitoring and removing any and all lint from the dryers lint trap on a daily basis in addition to reeducating all the residents of Allied Terrace to the importance of removing this lint after each use. This point will be emphasized due to the fact that it can create a fire hazard.

Completion date ongoing.

The Administrator will oversee to ensure all ongoing compliance.

10/31/18
m

Violation Report: 20025 - 09/28/2018 - Deluca, Amy
 PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 The double glass doors located next to the 2nd floor elevator did not have an exit sign posted above or near the exit doors.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) FRANCISCA PETERS	Date 10-30-18
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30 October 2018

Regulation 2600.133(a)(1)

This deficiency was corrected during the inspection time by placing exit signs on the questioned doors in the company of the surveyors.

Allied Services Facilities Department (the department entrusted) to ensure compliance with regulation 2600.133(a)(1) and the Administrator will monitor this compliance on an ongoing basis.

The Administrator will oversee to ensure all ongoing compliance.

10/31/18
m

Violation Report: 20025 - 09/28/2018 - Deluca, Amy
 PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The home's dining area has two double door entrances leading to the dining area. There are two doors labeled as exits in the dining area that lead to the front parking lot. The home did not have exit signs posted above the doors leading to the dining area to indicate that the dining area could be used as a means of egress in the event of an emergency.

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 home shall clearly post on the two double door entering the diningroom that the dining room door are kept lock and only opened during breakfast, lunch & dinner meal times.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature] 10/31/18

See attached

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

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Printed Name and Title of Legal Entity Representative
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Francisco Peters 10-31-18

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100 Abington Executive Park
Clarks Summit, PA 18411
Phone: (570) 348-1300 TDD: (570) 348-1240 www.allied-services.org

Handwritten initials, possibly "CA", in the top right corner of the page.

MEMO

To: Pennsylvania Department of Human Services

From: Joseph Ruddy, CHFM, CFI-II
Executive Director of Facilities 

Date: September 28, 2018

Subject: Building Exit Signage Clarification - Dining Room


Terrace Dining Room: The surveyor requested an EXIT sign be placed on the doors of the dining room to allow guests, residents and staff to be aware of the exits that are located within the dining room, and exit to the exterior of the building.

f I have to disagree with this request due to the dining room is not always accessible, doors are locked during the intermission periods between, breakfast and lunch, lunch and dinner and dinner to breakfast. This request would require the staff to remove the exit signs during the period of time that the doors are locked, and replace them during the period of time that the dining room is open for service.

I feel that this is not in the best interest of life safety, or building egress. The request would cause confusion to the elderly residents', and uninformed visitors during the periods that the doors are locked, and the exit signs are no longer in place, especially if they had just seen the signs mounted during an earlier period.

Response to Violation 2600.133(a)(2)

We are asking that you please take this deficiency under consideration.

10/31/18


Violation Report: 20025 - 09/28/2018 - Deluca, Amy
 PCH Name: ALLIED TERRACE

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

Resident #2 receives blood glucose checks before meals and at bedtime with insulin administered on a sliding scale. On the following dates the blood glucose readings were incorrectly documented on the home's accucheck sheets:
 9/24/2018 at 6:54am the reading in the meter was 155; it was recorded as 170.
 9/24/2018 at 10:21am the reading in the meter was 203; it was recorded as 180.
 9/24/2018 at 3:53pm the reading in the meter was 142; it was recorded as 143.
 9/25/2018 at 8:36pm the reading in the meter was 184; it was recorded as 145.

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

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30 October 2018

Regulation 2600.185(a)

The Administrator in conjunction with the Resident Care Coordinator (nurse) have taken disciplinary action towards any clinical staff member that was associated/connected with the erroneous documentation of the glucose meters readings.

The Resident Care Coordinator has reeducated the entire clinical department to the importance of any and all proper documentation in order to create a safe and accurate delivery of medical service as it is mandated by regulation 2600.185(a).

The Resident Care Coordinator and the Resident Care Coordinator Assistant will regularly police this stated documentation to ensure compliance with Regulation 2600.185(a)

Completion date ongoing

The Administrator will oversee to ensure all ongoing compliance.

10/31/18
m

Violation Report: 20025 - 09/28/2018 - Deluca, Amy

PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record (MAR) for resident #1 instructs resident to take 2 tablets of 325 mg Acetaminophen tablet orally every 4 hours as needed. In med cart, two prescriptions were available to resident. A previous prescription from 07/25/2018, was available instructing resident to take 1 tablet of 325 mg tablet of Acetaminophen every 4 hours as needed as well as current prescription listed in 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.

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<i>Francisco Deluca</i>	<i>10-30-18</i>

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GA

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30 October 2018

Regulation 2600.186(a)

The Administrator along with the Resident Care Coordinator and Allied Services Pharmacy have reeducated the entire Clinical Department to the need of removing any and all prescribed medication that have been deseeded by the resident's attending physician. The Clinical Department of Allied Terrace and Allied Services Pharmacy Department have increased the lines of communication to ensure this task is monitored and policed by creating a second layer of vigilance through the Pharmacy Department.

Completion date ongoing.

The Administrator will oversee to ensure all ongoing compliance.

10/31/18
[Signature]

Violation Report: 20025 - 09/28/2018 - Deluca, Amy
 PCH Name: ALLIED TERRACE

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

On 9/27/2018 insulin in the amount of 6 units administered to resident #2 at 11:30am was incorrectly recorded on the resident's Medication Administration Record (MAR) as being administered on 9/26/2018.

Resident #3 has an order for topical Hydrocortisone cream to be applied every day at bedtime. The resident's MAR was not initialed by staff who applied the cream from 9/8/18 through 9/27/18. According to staff interview the cream is being administered.

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

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AK

30 October 2018

Regulation 2600.187(a)

The Administrator in conjunction with the Resident Care Coordinator have reeducated the entire Clinical Department to the mandate of appropriate recording as well as signing and initialing when medications are being administered whichever course of action is appropriate.

This will be monitored on an ongoing basis by the Resident Care Coordinator.

Completion date ongoing.

The Administrator will oversee to ensure all ongoing compliance.

10/31/18
[Signature]

Violation Report: 20025 - 09/28/2018 - Deluca, Amy
 PCH Name: ALLIED TERRACE

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

2a. DESCRIPTION OF VIOLATION

Resident #2 receives blood glucose checks before meals and at bedtime with insulin administered on a sliding scale. On 9/24/2018 at 6:54am the reading in the meter was 155 requiring 3 units of insulin; no units were recorded as administered.
 On 9/26/2018 at 7:00am the reading in the meter was 185 requiring 3 units of insulin; no units were recorded as administered.

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

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30 October 2018

Regulation 2600.187(d)

As previously mentioned, any and all clinicians responsible for not adhering to the prescribed mandate of 2600.187(d) following the directions of the prescriber have been addressed and disciplined and reeducated to the fact that there is no acceptable excuse for not administering the required dose of insulin.

The Resident Care Coordinator will monitor on a continuing basis.

Completion date ongoing.

The Administrator will oversee to ensure all ongoing compliance.

10/31/18
[Signature]