



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 19 2018

Ms. Stacie Millett Rechlicz
Administrator
Millett Pines LLC
1300 Morgan Highway
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit
License #: 226120

Dear Ms. Rechlicz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 19, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22612 - 10/19/2018 - Deluca, Amy
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The reportable incident occurring 9/22/18 involving Resident #1 was not reported to the department until 9/25/18. The reportable incident occurring 9/21/18 involving Resident #2 and Resident #3 was not reported to the department until 9/25/18. This exceeds the 24-hour reporting guidelines as outlined in 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.

This regulation is important so that the Department of Human Services is aware of, and can respond promptly to serious situations.

Both of these instances occurred over weekends. The new Director of Wellness had started on 9/10/18.

Regulation 2600.16c and 2600.16d were re-reviewed with the Director of Wellness.

It was reviewed that meeting the 24 hour reporting guideline takes precedent over a complete investigation of the events that occurred.

An initial report can always be followed up with an updated or final report with the Department following the conclusion of the investigation.

The Director of Wellness will ensure the 24 hour reporting guideline for reportable incidents is followed.

The Administrator/Designee will monitor and ensure compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) STACIE M RECHLICZ - ADMIN Date 11-23-18

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

The above plan of correction is approved as of 11-30-18
 (Date)

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

Plan of correction implementation status as of 11-30-18
 (Date)

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

Violation Report: 22612 - 10/19/2018 - Deluca, Amy
 PCH Name: THE PINES AT CLARKS SUMMIT

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 home has carbon monoxide monitors installed directly above the gas stoves located in the two kitchen areas of the facility. The CO monitors are not installed a minimum of 15 feet from the gas stoves as required by the Care Facility Carbon Monoxide Monitoring 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.

Carbon monoxide detectors were installed in the facility by FAST, Inc (Fire Alarm Service Technology, Inc) and hardwired to our Fire Detection System. The dimensions of the room and location of the gas stoves were such that the carbon monoxide detectors could not be placed at a minimum of 15 feet away and still remain in the same room as the stoves.

On October 23, FAST technicians changed the placement of the carbon monoxide detectors so that they are 15 feet away from the gas stoves. This placed the detectors outside of the room that the gas stoves are in, in order to be in compliance with the regulation.

The Director of Maintenance and the Administrator/Designee will ensure ongoing compliance with this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Stacie M Rechlicz Administrator

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

STACIE M RECHLICZ - ADMIN

Date

11-23-18

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Violation Report: 22612 - 10/19/2018 - Deluca, Amy
 PCH Name: THE PINES AT CLARKS SUMMIT

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

Staff person A did not have training in the required training topic Medication Self-Administration for 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.

Training on each specific topic listed under this regulation is important to ensure that staff persons receive the necessary training to successfully provide essential resident care services. Direct care staff person A did not attend the inservice training for Medication Self-Administration. Although the Director of Wellness reviewed this information with staff person A at an alternate time, the DOW did not obtain the necessary documentation (ie: A's signature) that acknowledges that the training was completed. The DOW will ensure that the required training is complete for all direct care staff members.

The Administrator/Designee will ensure ongoing compliance.

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Violation Report: 22612 - 10/19/2018 - Deluca, Amy
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 9/21/18, the home reported that Staff person B used Resident #2's glucometer to test Resident #3's blood glucose.

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 glucometers for Resident #2 and Resident #3 are kept in the same medication room. Each glucometer is housed in its own pouch that is labeled with the resident's name. Each pouch is kept in a plastic bin with each resident's insulin supplies such as alcohol wipes, lancets and glucometer strips, which also is labeled with the individual resident's name. Resident #2's glucometer was put back in Resident #3's pouch by mistake. Although Resident #2's glucometer was labeled, Resident #3's glucometer label had come off. It was confirmed through the health care provider that Resident #2 did not have any communicable diseases. A new glucometer was purchased by the facility with no expense to Resident #2 and labeled with the residents name.

This incident and the related regulation was re-reviewed with the Medication Technicians. Universal Precautions were also re-reviewed with the Medication Technicians.

The Director of Wellness will monitor diabetic glucometers and supplies to ensure that devices are not used for more than one resident.

The Administrator/Designee will monitor and ensure compliance.

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 (Required on EVERY Page) *Stacie M Rechlicz - Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *STACIE M RECHLICZ - ADMIN* Date *11-23-18*

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Violation Report: 22612 - 10/19/2018 - Deluca, Amy
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1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

Two trash cans observed in the home's kitchen area of the evergreen unit contained food garbage and did not have lids covering the cans.

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.

Covered trash receptacles prevent the spread of disease. A trash receptacle with a step-operated lid is recommended to avoid the spread of disease.
 Lids may be removed from trash receptacles in the kitchen areas when they are actively in use, such as during clean-up or food preparation.
 The two trash cans observed both had step-operated lids. Kitchen staff had recently finished cleaning up after the meal. The step-operated lid was not properly lowered after the meal clean-up.
 Servers and kitchen staff were reinstructed on the importance of covering all trash receptacles after clean up.
 The Director of Food and Beverage will continue daily monitoring to ensure compliance and re-educate staff as needed.
 The General Manager will conduct spot checks to ensure compliance.
 The Administrator/Designee will monitor and ensure compliance.

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Violation Report: 22612 - 10/19/2018 - Deluca, Amy
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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 telephone in resident room number 105 did not have the required emergency phone numbers posted near the phone.

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 regulation, which requires phone numbers be posted on all phones with outgoing lines, is meant to ensure a quick response from the appropriate agency in the event of an emergency. 911 is always available. This list of numbers is routinely checked by Housekeeping to make sure each telephone has the required numbers posted. Many times residents or guests will remove the posted list of numbers.

The importance of this regulation was reviewed with Housekeeping and Housekeeping will continue to diligently monitor that the list of numbers is always posted on or by each telephone with an outside line.

Random checks will be conducted by the General Manager or the Director of Maintenance.

The Administrator/Designee will monitor and ensure ongoing compliance.

and/or

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Violation Report: 22612 - 10/19/2018 - Deluca, Amy
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1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

A plastic bag containing leftover bread stick crackers located in the kitchen pantry and a cup containing leftover ice cream located in the kitchen freezer did not contain labels or open dates.

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.

To ensure that food is safe for use, it is important to observe for expiration dates on food stored in the home.
 If the product is not dated and labeled with its contents, a violation of this regulation is cited. Servers and kitchen staff were shown the unlabeled items and re-instructed on the importance of labeling all food.
 The bread sticks and the ice cream were immediately thrown away to ensure resident safety.
 The Director of Food and Beverage will continue daily monitoring to ensure dating and labeling of all food.
 The General Manger will conduct random inspections to ensure compliance.
 The Administrator/Designee will monitor and ensure compliance.

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Violation Report: 22612 - 10/19/2018 - Deluca, Amy
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1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 A container of Ken's brand Creamy Caesar dressing located in the kitchen pantry had a manufacturer best-by date of 7/11/18 and was expired.

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.

To ensure that food is safe for use, it is important to observe for expiration dates on food stored in the home.
 If the product is outdated, it may not be used. This ensures the health and safety of the residents.
 The servers and kitchen staff were shown the expired dressing and instructed on the importance of discarding all expired products.
 The container of Creamy Caesar dressing was immediately discarded.
 The Director of Food and Beverage will continue weekly monitoring of items in dry storage inventory to ensure there is no expired food products.
 The General Manager will conduct random inspections to identify any violations.
 The Administrator/Designee will monitor and ensure compliance.

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Violation Report: 22612 - 10/19/2018 - Deluca, Amy
 PCH Name: THE PINES AT CLARKS SUMMIT

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 #4's Latanoprost eye drops were not labeled with the date they were opened.

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 eye drops identified by the inspector belong to a current resident in the facility and ^{are} still prescribed for administration. This new bottle of eye drops had been delivered on 10/17/18 and administered to the resident on the evening of 10/17/18 and 10/18/18. The Medication Technician did not place a sticker with the open date on the bottle. Despite the fact that the pharmacy label indicated the drops had been filled on 10/17/18, the open sticker had not been placed on the bottle.

The Medication Technicians were shown the unlabeled eye drops and reinstructed on the importance of labeling medication when opened.

The Director of Wellness will conduct checks of the medication cart to ensure open date labels are being used appropriately.

The Administrator/Designee will monitor and ensure compliance.

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Violation Report: 22612 - 10/19/2018 - Deluca, Amy
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1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #5's RASP, dated 1/25/18, was not signed by the resident and there was no indication that the resident was unable to or declined to sign.

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.

Having the resident and/or designated person participate in the development and implementation of the support plan helps to provide detailed information about the specific resident, which can assist the home in developing a specific plan as to how it will meet the needs of the resident identified in the assessment.

Having individuals sign and date the support plan provides a record of who participated in the development of the support plan for future reference.

Although the support plan was reviewed with the resident and her son, signatures were not obtained at the time.

The plan was rereviewed with the resident and she signed the plan.

The Director of Wellness will ensure the plan is reviewed with the resident and/or the designated person and signatures are obtained. The Director of Wellness will rereview the support plan for necessary signatures. If the resident and/or designated person is unable or chooses not to sign and date the support plan, noting this in the record provides documentation for future reference.

The Administrator/ Designee will monitor and ensure compliance.

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