



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via fax  
April 22, 2019**

Ms. Cheryl A. Austin  
Administrator  
Johnsons Personal Care, LLC  
502-504 West 7th Street  
Chester, Pennsylvania 19013

RE: Johnsons Personal Care Home  
License #: 143661

Dear Ms. Austin:

As a result of the Department's Bureau of Human Services Licensing inspection on October 23, 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.

Sincerely,

A handwritten signature in cursive script that reads "Shawn Parker" with a small flourish at the end.

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Violation Report

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

PCH Name: JOHNSON PERSONAL CARE		License Number: 14366
Address: 502 504 WEST SEVENTH STREET, CHESTER, PA 19013		County: Delaware
Administrator: Cheryl Austin		Region: SOUTHEAST
Legal Entity Name: JOHNSON PERSONAL CARE LLC		
Legal Entity Address: 502-504 WEST SEVENTH STREET, CHESTER, PA 19013		
<b>Certificate(s) of Occupancy:</b> Other 02/23/2018 L & I Chester		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/23/2018: Gillespie, Denise; Chung, Youn Hie		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16 Number of Residents Served: 14 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: 0 Number of Hospice Residents In past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 6 Have Mental Illness: 14 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 14366 - 10/23/2018 - Gillespie, Denise  
PCH Name: JOHNSON PERSONAL CARE

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  
On 10/17/18 at 7:11pm, resident # 1's medication administration record (MAR) had a blood sugar reading of 197, but the glucometer had a reading of 253.  
On 10/14/18 resident # 1's MAR had a blood sugar reading of 150 in the morning, 129 at lunch, and 135 at dinner time. The glucometer had no readings on the date of 10/14/18 at all.

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.

### Plan of Correction

Since the inspection on 10/23/2018 New glucometers was ordered. Staff was trained on how to properly document the reading of the blood sugar on glucometer. Administrator will also do a weekly follow-up check.

Administrator or designee will ensure they develop and implement procedures for safe storage, access, security, and distribution of medication and medical equipment. All glucometers will be calibrated. All residents will receive blood sugar readings timely as prescribed by doctor. Documentation will be accurate. Staff trainings will be documented and kept by home for Department review. SP 04-20-19

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Cheryl Austin Administrator

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl Austin Administrator      Date 3/25/19

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

The above plan of correction is approved as of 04-20-19  
(Date)

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

Plan of correction implementation status as of 04-20-19  
(Date)

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

Mar. 25. 2019 2:37PM

No. 3778 P. 6

Violation Report: 14366 - 10/23/2018 - Gillespie, Denise  
PCH Name: JOHNSON PERSONAL CARE

1. REGULATION 55 Pa.Code §2800  
2600.187(d) - The home shall follow the directions of the prescriber:

2a. DESCRIPTION OF VIOLATION  
Resident # 2 is prescribed blood sugar readings 3 times daily on a sliding scale. The sliding scale is as follows:  
1 unit for readings 121-180  
2 units for readings 181-210  
3 units for readings 211-240  
4 units for readings 241-270  
6 units for readings 271-300  
8 units for readings 301-350  
10 units for readings 351-400  
12 units for readings greater than 400  
On 10/17/18 at 7:11 P.M. Resident # 2's MAR had a blood sugar reading of 120 and no units of insulin were administered. Resident #2's glucometer reading was 320. Resident # 2 should have received 10 units according to the sliding scale.  
On 10/13/18 at 7:56 P.M. Resident # 2's MAR had a blood sugar reading of 212 and 4 units of insulin were administered. Resident #2's glucometer reading was 416. Resident #2 should have received 14 units according to the sliding scale.

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.

**Plan of Correction**  
**Since inspection on 10/23/2018 staff was trained on how to follow insulin sliding scale as recommended by the residence physician. Administrator will encourage and provide continuing education for staff.**  
Administrator or designee will ensure all staff who handle or distribute medication are trained in medication administration. Proper units of insulin will be administered based on sliding scale and doctors' orders. Staff trainings will be documented and kept by home for Department review.  
SP 04-20-19

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Austin Administrator Date 3/25/19

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

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

Mar 25 2019 2:37PM

No. 3778 P. 7

Violation Report: 14366 - 10/23/2018 - Gillespie, Denise.  
PCH Name: JOHNSON PERSONAL CARE

1. REGULATION 56 Pa.Code §2600  
2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION  
The home had all of their staff trained in medication administration by Staff Member A. Staff Member A does not have any medication trainer credentials.

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.

**Plan of Correction**

Staff received the proper medication training on November 2, 2018 from someone that have the required qualification. Administrator will make sure training will be updated every 6 months as per the 2600 regulations.

Administrator or designee will ensure all staff are trained by medication trainer who has passed the Department approved train the trainer course. Staff who hasn't been trained by approved trainer or received proper annual practicum with passing score will not administer medication. Staff trainings will be documented and kept by home for Department review.

SP 04-20-19

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Austin Administrator*      Date *3/25/19*

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 Partially Implemented - Inadequate Progress  
 Not Implemented

Mar. 25. 2019 2:37PM

No. 3778 P. 8

Violation Report: 14366 - 10/23/2010 - Gillespie, Denise  
FCH Name: JOHNSON PERSONAL CARE

1. REGULATION 55 Pa.Code §2600, 2600.225(e) - The resident shall have additional assessments as follows:  
(1) Annually.  
(2) If the condition of the resident significantly changes prior to the annual assessment.  
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
Resident # 3 does not have an annual assessment for the 2018 year. The last assessment for Resident # 3 is 8/3/17.

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.

Administrator meet with residence and update annual assessment to be in compliance with the 2600 regulation. Administrator and staff will use a tickler file as a reminder of when annual assessments are due to prevent any out of compliance assessment.

Administrator or designee will ensure all resident assessment support plans (RASP) are completed timely.  
SP 04-20-19

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Austin Administrator Date 3/25/19

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

Mar. 25. 2019. 2:38PM

No. 3778 P. 9

Violation Report: 14366 - 10/23/2018 - Gillespie, Denise  
PCH Name: JOHNSON PERSONAL CARE

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 # 1 participated in the development of their support plan on 8/3/18. The resident did not sign the support plan.

Resident # 2 participated in the development of their support plan on 8/3/18. The resident did not sign the support plan.

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.

**Plan of Correction**

**Administrator meet with residence 1&2 both residence have agreed too and sign their support plan. Administrator will check to ensure all support plans is completed and signed by all participants.**

Administrator or designee will ensure all residents sign RASP. SP 04-20-19.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Austin Administrator* Date *3/25/19*

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(Date)

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(Initials)

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(Date)

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Mar. 25. 2019: 2:38PM

No. 3778 P. 10

Violation Report: 14366 - 10/23/2018 - Gillespie, Denise  
PCH Name: JOHNSON PERSONAL CARE

1. REGULATION 55 Pa. Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
Resident 3's records does not include a current photograph. Resident # 3's photograph was last taken February 2016.

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.

**Plan of Correction:**

**Resident photograph was updated and placed in chart. Administrator will make sure each residence photograph is updated every two years according to the 2600 regulation.**

Administrator or designee will ensure resident records contain all information requested in regulation 2600.252. SP 04-20-19

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