



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2019

Ms. Laura B. Segers
Owner/Administrator
Laura B. Segers and Joel W. Segers
1502 East Washington Street
New Castle, Pennsylvania 16101

RE: La Casa Personal Care Home
Certificate #: 402110

Dear Ms. Segers:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 24, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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JAN 17 2019

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services - Adult SWC

1. REGULATION 55 Pa.Code §2600

2800.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for resident #1 and resident #2. The home's financial records from 07/08/18 to 10/21/18 do not include amounts deposited for SSI checks or withdrawals for monthly room and board.

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 Administrator has created a new financial form that is now being used with the residents, that clearly shows the amounts deposited for their SSI checks and the withdrawals made for their monthly room and board. The residents have had this form explained to them and they seem to understand and like it.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS Admin. Owner Date 1/17/19

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

The above plan of correction is approved as of 3/14/19 (Date)

Plan of correction implementation status as of 3/14/19 (Date)

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

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

RECEIVED

JAN 17 2019

Page 3 of 20

Violation Report: 40211 - 10/24/2018 - Graziano, Balinda
PCH Name: LA CASA PERSONAL CARE HOME WEST REGION FIELD OFFICE

1. REGULATION 85 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for resident #1. On 10/21/18, a cash disbursement of \$10.00 was made to resident #1; however, the home did not obtain the resident's signature for the receipt of the disbursement.

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 oversight was corrected during the inspection. The resident had been in a rush to go to church a few days earlier and had not wanted to take time to sign for the withdrawal. That person willingly signed in front of the inspectors. The Administrators are now careful to allow more time when money is checked out, so that this doesn't happen again. Administrators now explain to the residents that they need to sign the book before we can hand them the money.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS Admin Owner Date 1/17/19

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

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JAN 17 2019

Page 4 of 20

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGIONAL PHOENIX OFFICE
Human Services Location

1. REGULATION 65 Pa.Code §2600

2600.20(b)(8) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home manages the finances of resident #1 and resident #2.

- Resident #1's balance has exceeded \$200 since August 2018
- Resident #2's balance has exceeded \$200 since August 2018

The home has not notified and offered assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution.

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 Administrator has met with the residents, individually, that have had balances of more than \$200 for two consecutive months, and offered to help them open an interest-bearing bank account for their funds. A form was created to document this and will, in the future, be used with all residents whose funds exceed \$200 for two consecutive months. Both of these residents stated clearly that they did not wish to have an interest-bearing bank account opened for them. The Administrator will monitor the accounts each month, and act accordingly.

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Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for residents #1 and #2. However, resident #1 and resident #2 have never received an itemized account of financial transactions.

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 Administrator has created a new financial form that is now being used with the residents, that clearly shows an itemized account of financial transactions made on the resident's behalf on a quarterly basis. Copies of the form (filled out) have been provided to these two (and the other) residents. The Administrator has marked her Planner with quarterly reminders to ensure that this is not left undone in the future.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Segers

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

LAURA SEGERS Admin Owner

Date

1/17/19

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(Date)

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(Initials)

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JAN 17 2019

Page 6 of 20

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
 PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 1400 West 10th Street, Anchorage, Alaska 99501

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

Resident #1's contract, dated 12/31/2007, and resident #2's contract, dated 3/18/2005, do not list the current amount the residents are being charged for monthly room and board. Additionally, no addendum has been provided to update current room and board amount being paid by the resident to the home.

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 Administrator has met with each resident and explained the current charges for monthly room and board. A Contract Addendum has been filled out for each, and signed by the Administrator and by the resident, and attached to the contract. The Administrator will check contracts at the beginning of each year, or anytime the charges are changed, to ensure that the amount listed is up-to-date, and that there is a signed Addendum for any and all changes.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS Admin Owner	Date 1/17/19
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Page 7 of 20

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
 PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 10000 UNIVERSITY

1. REGULATION 55 Pa. Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the home's administrator, completed only 6 hours of annual training in training year January 1, 2017 - December 31, 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.

After the inspection, the Administrator was able to locate additional documentation showing that she had actually completed 19 hours of training during 2017:

- 3/31/17 (7 hours) Therapeutic Recreation Workshop (Slippery Rock University)
- 7/18/17 (4 hours) CPR and First Aid Training
- 8/02/17 (2 hours) Diabetic Training
- 11/03/17 (6 hours) Annual Schizophrenia Conference (Statlon Square, Pittsburgh)

The additional 5 hours of training were made up in 2018, when the Administrator completed a total of 32 hours:

- 9/17/18 (6 hours) Emergency Management, Parts 1 & 2 (Erie, PA)
- 9/18/18 (3 hours) Person-Centered Care & Aging in Place (Erie, PA)
- 9/18/18 (3 hours) Safety for Walking & Working Surfaces in PCH (Erie, PA)
- 9/27/18 (6 hours) Impact of Supervision on Personal Care Home Staff (Cranberry, PA)
- 10/03/18 (2 hours) Diabetic Training
- 10/17/18, 10/24/18, 10/31/18: (6 hours total) Stress Management (Butler CC, Hermitage, PA)
- 11/09/18 (6 hours) Time Management (Cranberry, PA)

*see below

The Administrator has begun planning training dates for 2019, and has already registered for 2 classes plus a workshop, totaling 18 hours training, for spring, 2019.

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) LAURA SEGERS Admin Owner Date 1/17/19

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*The administrator shall review annual administrator training hours as part of the quality management review process and will ensure that all trainings are approved by the Department for Personal Care Home administrator annual training. *JW* 3/14/19

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JAN 17 2019

WEST REGION FIELD OFFICE

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Violation Report: 40211 - 10/24/2018 - Graziano, Balinda
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

At approximately 11:00 a.m., the light outside of the emergency exit door in resident #6's bedroom on the second floor was inoperable and there is no other source of light in the area.

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 Administrator checked the light fixture and discovered that the switch was broken, so he purchased and installed a new fixture and the light now works. The Administrator will be sure to check that (and other outdoor lights) on the weekly walk-thru inspections of the home. Extra lightbulbs are kept in the office, and the staff has been reminded to check and replace lightbulbs as needed.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/26/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Segers

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

LAURA SEGERS

Admin
Owner

Date

1/17/19

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3/14/19
(Date)

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3/14/19
(Date)

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JW
(Initials)

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JAN 17 2019

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
PCH Name: LA CASA PERSONAL CARE HOME

Violations and Office
Human Services Training

1. REGULATION 85 Pa.Code §2600

2600.86(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

A section of the kitchen ceiling, measuring approximately 8 feet by 3 1/2 feet, was missing exposing the wooden ceiling rafters and trays sitting on the rafters to catch rain water.

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 Administrator has finished repairing the kitchen ceiling with new sheetrock. This and all other areas of the home will be examined in a weekly walk-thru inspection conducted by the Administrator. Repairs will always be made as quickly as possible.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 10/26/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Segers

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

LAURA SEGERS Admin Owner

Date 1/17/19

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(Date)

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(Initials)

Plan of correction implementation status as of 3/14/19
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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JAN 17 2019

Page 10 of 20

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
 PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Muncie, Indiana 47306-0000

1. REGULATION 58 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At approximately 10:15 a.m., the hot water temperature at the sink in the common bathroom across from the dining room measured 133.3 degrees Fahrenheit.

At approximately 10:48 a.m., the hot water temperature at the sink in the shared bathroom between resident #1's and resident #3's bedrooms measured 125.0 degrees Fahrenheit.

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 water temperature was adjusted during the inspection. The Administrator has purchased a new thermometer to be used to test the water temperature, and this will be used during the weekly walk-thru inspection by the Administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS Admin Owner	Date 1/17/19
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JAN 17 2019

Page 11 of 20

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Division

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

None of the emergency service telephone numbers were posted on or near the portable telephone in in the basement of the home.

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.

A sign listing all of the emergency phone numbers was re-posted near this phone during the inspection. The Administrator will check, during the weekly walk-thru inspection, that each phone extension in the home has the emergency numbers posted near it.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS Admin Owner Date 1/17/19

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JAN 17 2019

Page 12 of 20

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
 PCH Name: LA CASA PERSONAL CARE HOME

WILSON COUNTY FIELD OFFICE
 Human Services Licensing

1. REGULATION 58 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was no screen in the window in the common bathroom across from the dining room.
 The bottom pane on the octagon-shaped window in the laundry room is missing.

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 screen for the bathroom window was located on the ground just outside the window, and was put back in place during the inspection. The Administrator has repaired the octagon-shaped window in the laundry area. All windows have been checked for screens and will be re-checked regularly during the Administrator's weekly walk-thru inspection.

Within 15 days of receipt of the plan of correction: All staff persons will be trained in reporting windows, including windows in doors that are not in good repair or securely screened to the administrator. *JW* 3/14/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/28/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) LAURA SEGERS Admin Owner Date 1/17/19

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JAN 17 2019

Page 13 of 20

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Harrisburg, Pennsylvania 17107

1. REGULATION 55 Pa.Code §2600

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

There is an "X" shaped crack, measuring approximately 3 feet by 3 feet, in the wall of resident #1's bedroom where the television is mounted which is bowing out approximately 1-2 inches.

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 repair of this wall will require removing all of the old plaster from that section and replacing it with sheetrock, then plastering, sanding and painting it. The Administrator has scheduled this repair to be completed no later than February 28, 2019, sooner if possible.

Immediately and weekly thereafter: A designated staff person will check bedrooms in the home to ensure the walls, floors and ceilings are finished, clean and in good repair.

JW 3/14/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS Admin Owner Date 1/17/19

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JAN 17 2019

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The home conducted a sleeping hour fire drill on 02/20/18 at 11:15 p.m. However, the next sleeping hour fire drill was not conducted until 09/01/18 at 11:42 p.m.

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.

check the fire drill record at least monthly to JW 3/14/19

The Administrator will ensure that sleeping hour fire drills are conducted in the home once every six months, and has placed reminder notes in her Planner to assist with this.

A sleeping hour fire drill was conducted on 3/10/19 at 11:10 p.m. JW 3/14/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/28/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Segers

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

LAURA SEGERS Admin Owner

Date 1/17/19

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Violation Report: 40211 - 10/24/2018 - Graziano, Belinda PCH Name: LA CASA PERSONAL CARE HOME	WEST REGION FIELD OFFICE (Mandatory Business Reporting)
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1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The home routinely schedules only one staff person on duty between 8:00 p.m. and 7:00 a.m.; however, the fire drills held on 9/1/18 at 11:42 p.m. and 2/20/18 at 11:15 p.m. were conducted with two staff persons.

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.

Fire Drills in the home will be conducted with the staff normally present during that time, including the ones done during sleeping hours, when there is usually just one staff on duty. The Administrator will check to be sure this is done correctly.

the fire drill record at least monthly *JW* 3/14/19

A sleeping hours fire drill was conducted on 3/10/19 at 11:10 pm. with 1 staff person participating. *JW* 3/14/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS Admin Owner	Date 1/17/19
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The above plan of correction is approved as of <u>3/14/19</u> (Date)	Plan of correction implementation status as of <u>3/14/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JAN 17 2019

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Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
 PCH Name: LA CASA PERSONAL CARE HOME

FIELD OFFICE
 NATIONAL SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600
 2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
 At 10:31am, the following medications were unattended and accessible in the unlocked box in the kitchen refrigerator.
 Resident #3's Novolin 70/30 NPH/R Human Insulin-34 Units 2x a day
 Resident #4's Humalog Kwikpen- 3 pens unopened- three units 3 x daily along with medium sliding scale
 Resident #2's Basaglar inj 100 U- inject 10 units nightly as directed
 Resident #5's Humalog 100 Unit- Inject up to 20 units 3 x per sliding scale and Basaglar insulin 100 Units- Inject 100 units once a day.

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 Staff has been re-trained to always keep the insulin box (and all other medications) locked up when not in use. The Administrator will make random checks to ensure compliance, as well as checking during the weekly walk-thru inspection.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **LAURA SEGERS Admin Owner** Date **1/17/19**

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 (Date)

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

Plan of correction implementation status as of 3/14/19
 (Date)

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

JAN 17 2019

Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
 PCH Name: LA CASA PERSONAL CARE HOME

WEST VIRGINIA DEPARTMENT OF
 HUMAN SERVICES TRAINING

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Lantanoprost 0.05% eye drops with manufacturer's instructions which indicate "once a bottle is opened, it may be stored at room temperature up to 25 C (77 F) for 4 to 6 weeks". However, the bottle was not dated when opened.

Resident #4 is prescribed Brimonidine eye drops 0.2% with manufacturer's instructions which indicate "throw the bottle away 28 days after opening, even if there is solution remaining". However, the bottle was not dated when opened.

Resident #3's Novolin 70/30 NPH/R Human Insulin was opened and being stored in the kitchen refrigerator; however, the manufacturer's label indicates that once opened it should be stored at room temperature.

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 eyedrops were examined and determined to be well within the time frame allowed, as shown by when they had been delivered to the home by the pharmacy. The Administrator has reviewed the storage requirements of all of the medications being used, and has re-trained staff, as needed, to: mark eye drops with the date they are opened, and to review the pharmacy label on medications to determine the best and safest way to store them. The Administrator will make random checks to ensure compliance, as well as checking during the weekly walk-thru inspection.

Staff training was conducted on 10/25/18. *JW* 3/14/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>LAURA SEGERS Admin Owner</i>	<i>1/17/19</i>

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Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2800.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
The following medications for resident #4 did not have a pharmacy label on them:
Humalog Kwikpen 100/ml, Inject 3 units three time daily along with medium sliding scale
Lantus aslostar, Inject 12 units under skin daily
Also, resident #2 is prescribed Humalog Kwikpen Insulin 100unit/ml, Inject into skin 3 times a day before meals per sliding scale three times a day up to 42 units per day. However, the label on the medication indicates Inject 3 times a day, up to 30 units/day.

3. F Regarding the issue with resident #4's insulin pens: All of the insulin pens are now being labeled individually with pharmacy labels. (The Administrator was of the understanding that, because the boxes had labels, and the pens were with the box, that this was adequate, but the inspectors gave instruction regarding the importance of having each individual pen also labeled to avoid any potential for confusion.) The Administrator has instructed the staff about the importance of attaching the extra pharmacy labels to each individual pen, and will do random checks to be sure this is occurring, as well as check them on the weekly walk-thru inspection. nplated

Regarding the issue with resident #2's insulin orders: The Administrator has clarified the doctor's orders and provided the information to the pharmacy so that the pharmacy label matches the current doctor's orders. The Administrator has double-checked that all pharmacy labels match the MARS and the physician's orders, so there is no confusion. Note: At no point was the resident provided the wrong dosage of insulin. The Administrator has instructed the staff to watch carefully for any discrepancies between the pharmacy labels, doctor's orders and MARS and to clarify and then correct them immediately, reporting any problems to the Administrator. These issues will also be reviewed weekly by the Administrator.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS Admin Owner Date 1/17/19

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Violation Report: 40211 - 10/24/2018 - Graziano, Belinda
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Resources

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 10/18/18 at 10:00a.m., resident #3's blood glucose log indicated a reading of 232; however, the glucometer reading indicated 224.

On 10/21/18 at 4:30 p.m., resident #4's blood glucose log indicated a reading of 118; however, the glucometer reading indicated 128.

On 10/24/18 at 7:30 a.m., resident #2's blood glucose log indicated a reading of 186; however, the glucometer reading indicated 185. Also, on 10/22/18 at 4:30 p.m., the blood glucose log indicated a reading of 122; however, the glucometer reading indicated 110.

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 Administrator has led an open discussion and training session with the staff to determine the causes and solutions to the problem of the glucose meter numbers not always matching the glucose log exactly. It was a productive discussion and we have come up with several ways to keep this from happening, including: double-checking the number on the meter when the resident checks their own blood, carrying the Blood Sugar Logbook and a pen to where the resident is so that the number can be recorded immediately, or taking a small notepad along to write down the number immediately. The Administrator has also set up bi-weekly quality checks of the Logbook and the meters to ensure that they are kept accurately, and will do random checks of the staff while they are checking and recording the blood sugar numbers.

Staff education was conducted on 10/25/18. *JW* 3/14/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/27/2018	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS Admin Owner Date 1/17/19

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