



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 08 2019

Mr. Alex Mains
Owner/Administrator
Penn Assisted Care LLC
68 Main Street
Pennsburg, Pennsylvania 18073

RE: Penn Assisted Care
License #: 139050

Dear Mr. Mains:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 5, 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

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

PCH Name: PENN ASSISTED CARE		License Number: 13905
Address: 68 MAIN STREET, PENNSBURG, PA 18073		County: Montgomery
Administrator: Alex Mains		Region: SOUTHEAST
Legal Entity Name: PENN ASSISTED CARE LLC		
Legal Entity Address: 68 MAIN STREET, PENNSBURG, PA 18073		
Certificate(s) of Occupancy I-1 12/17/2008 Borough of Pennsburg		DEC 19 2018
Staffing Hours		
Resident Support: 0	Total Daily Staff: 32	Working Staff: 24
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/05/2018: Swisher, Michele		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33	Number of Residents who:	
Number of Residents Served: 32	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 18	
Area:	Have Mental Illness: 21	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 13905 - 11/05/2018 - Swisher, Michele
PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The home uses air hand dryers in each restroom. A layer of yellowing dirt that is sticky and greasy is present on the underside of the hand dryers where a person would hold their hands to be dried. This dirt is present on all hand dryers observed in 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.

Effective immediately the underside of all hand dryers have been cleaned to remove any dirt. In order to assure ongoing compliance, cleaning the underside of the hand dryers has been added to the third shift work list. All relative employees have been provided additional training on how and when to clean the underside of the hand dryers. The Administrator will monitor the cleanliness of the underside of the hand dryers by checking for compliance weekly for a period of six months.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Alex Mains, Administrator

Date 12/12/18

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

The above plan of correction is approved as of 2/1/19
(Date)

Plan of correction implementation status as of 2/1/19
(Date)

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

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

Violation Report: 13905 - 11/05/2018 - Swisher, Michele
PCH Name: PENN ASSISTED CARE

1. REGULATION 65 Pa.Code §2800

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home permits smoking outside, on the side deck of the home only. On 11/5/18 Staff person A was observed smoking on the walkway in front of the home by the main entrance to the home.

A resident of the home was observed smoking outside of the back emergency exit away from the designated smoking area. No Smoking signs were posted in both locations.

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

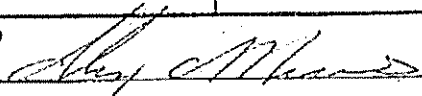
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 11/23/18 a Resident and staff meeting/training was conducted by the Administrator for all Residents and staff persons regarding the smoking policies. Residents and staff were trained on the location of the designated smoking area, where to dispose of cigarette butts, as well as general smoking safety procedures. Residents and staff were reminded that failure to comply with the smoking policies may result in a fine as outlined in the Resident-Home Contract. Non-smoking signs were already present at all exits but the Administrator has posted additional signage reinforcing the smoking policy at all exits as well as the designated smoking area. In order to assure ongoing compliance the Administrator will monitor the compliance of the smoking policy by checking for signs of smoking in non-designated areas weekly for the period of six months.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Alex Mains, Administrator

Date

12/12/18

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Violation Report: 13905 - 11/05/2018 - Swisher, Michele
 PCII Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2800

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 07/05/18, resident 1's, physician determined that the resident has a diagnosis of Bipolar Disorder. The resident's support plan dated 07/18 does not list the diagnosis and does not address how the home will assist the resident in meeting this medical need.

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.

Effective Immediately the affected Resident's support plan has been updated to reflect their Bipolar Disorder diagnosis. On 12/12/18 the Administrator and Head of Direct Care have reviewed all other Resident assessment support plans to assure that all Resident's diagnoses are present on their support plan. The Head of Direct Care was provided with additional training on completing Resident assessment support plans relating to documentation of diagnoses. The Administrator has identified the root cause of the violation as being accessibility to the Resident's updated DME. In order to correct this issue all current DMEs will be kept with the Resident's assessment support plan. It will be the responsibility of the Head of Direct Care to update the Resident's assessment support plan upon receiving an updated DME. In order to assure ongoing compliance, the Administrator will review all updated Resident DMEs and correlating assessment support plans for a period of six months.

Documentation of the routine review of Support Plan/DME shall be documented. 2/1/19

A-A

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) *Alex Mains, Administrator* Date *12/12/18*

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The above plan of correction was approved by <u>A-A</u>	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress

Violation Report: 13905 - 11/05/2018 - Swisher, Michele
PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 11/5/18, Resident 1's Robafen Siltussin DM Syrup with an expiration date of 10/2018 was present on the medication cart at 3:10pm.

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.

Effective immediately the expired medication has been removed from the medication cart. In addition, the Care Coordinator reviewed the expiration dates of all medications in the medication cart. No further expired medications had been found. On 12/11/18 all relative staff members have been provided additional training on identifying and removing expired medications from the medication cart. In order to assure ongoing compliance with expired medications, the Administrator will review the expiration of all medications in the medication cart weekly for a period of six months.

The routine review of med. cart for expired medications shall be documented. 2/1/19

AAA

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Alex M...*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Alex M..., Administrator* Date *12/12/18*

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Violation Report: 13905 - 11/05/2018 - Swisher, Michele
PCH Name: PENN ASSISTED 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 09/01/2018. The resident did not sign the support plan.
Resident 2 participated in the development of their support plan on 05/24/18. The resident did not sign the support plan.
Resident 3 participated in the development of their support plan on 05/13/18. 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.

Effective immediately the affected Resident's support plans have been updated with the Resident's signatures. On 12/12/18 the Administrator and Head of Direct Care have reviewed all other Resident assessment support plans to assure that all Resident's had the opportunity to participate in the completion of their Resident assessment support plan and that they have either signed or declined to sign their Resident assessment support plan. The Head of Direct Care was provided with additional training on completing Resident assessment support plans relating to Resident signatures. It will be the responsibility of the Head of Direct Care to obtain a signature or declination of a signature upon completion of a new Resident assessment support plan. In order to assure ongoing compliance, the Administrator will review all new Resident assessment support plans for a period of six months.

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
Alex Mann, Administrator	12/12/18

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