



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 03 2019

Ms. Sharon Ahearn
Administrator/Owner
Sharon Ahearn
44 Broad Street
Pittston, Pennsylvania 18640

RE: Adult Personal Care Home
License #: 243860

Dear Ms. Ahearn:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 14, 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: 24386 - 11/14/2018 - Harvey, Jason
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2800
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1 dated 5/17/17 did not indicate the resident's blood pressure.

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 corrected the medical evaluation immediately to include the residents blood pressure on the form to complete the numbers (1) through (10) as per regulations.

To ensure the violation will not be repeated the administrator, who attends the Dr. appointments with the resident will examine the form for its completion before leaving the office as an ongoing practice to be in compliance with this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn Administrator

Date 01/31/19

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

The above plan of correction is approved as of 2-20-19
 (Date)

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

Plan of correction implementation status as of 2-20-19
 (Date)

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

Violation Report: 24386 - 11/14/2018 - Harvey, Jason
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's last annual medical evaluation was completed on 5/17/17.
 The current medical evaluation in the record of resident #2 (dated 3/8/18) was completed more than 12 months and 15-day flex or grace period after the previous medical evaluation completed on 1/19/17 and was therefore not completed in a timely manner.

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 developed a schedule that includes all current residents and will add new residents as they are admitted. As Administrator I will check 30 to 60 days ahead on annual evaluations to ensure ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Administrator	Date 01/31/19
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The above plan of correction is approved as of <u>2-20-19</u> (Date) The above plan of correction was approved by <u><i>SA</i></u> (Initials)	Plan of correction implementation status as of <u>2-20-19</u> (Date) <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
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Violation Report: 24386 - 11/14/2018 - Harvey, Jason
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2800
 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
 The home's first aid kit contain 2 packs of Tumbs that expired on 11/2018.

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 discarded the TUMS immediately. In the future to ensure ongoing compliance the First Aid Kit will be checked monthly and the schedule will be on the facility calendar as a reminder.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Administrator	Date 01/31/19
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The above plan of correction was approved by <u>ag</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

Violation Report: 24386 - 11/14/2018 - Harvey, Jason
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

Resident #1's Resident Assessment Support Plan dated 1/30/18 indicates the resident is legally deaf. The resident's RASP does not indicate a plan to meet the resident's need in 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.

As Administrator the annual RASP for Resident#1 will be monitored for ongoing compliance to assure there are notes on her hearing impairment and that we have in place a signal she recognizes to evacuate in an emergency. These notations will be updated as needed. Added to her plan is a drawn red flag to bring attention to staff that it is a must read notation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Date
 01/31/19

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