



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: February 4, 2019

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 inspection on November 15, 2018 of the above facility, the citations 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 black ink that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22612 - 11/15/2018 - DeVries, Kristin

PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 frequently required the use of a wheelchair beginning 10-13-18, due to persistent feelings of weakness and dizziness and recent falls. Resident's RASP, dated 7-30-18, was not updated to reflect this significant change in his/her ambulatory needs.

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 Department requires the use of a single document to both assess a resident's needs and develop a plan to meet those needs. This form is known as the Resident Assessment & Support Plan, or RASP.

Updating the RASP is important to ensure that each resident's needs are being met as those needs change. Changes are required to be documented within 5 days.

This violation occurred because the RASP was not updated to indicate that when the resident was not feeling well enough to walk with a walker to the dining room, staff would utilize a wheelchair to take her to dining. Although the use of a wheelchair was verbally communicated among staff members and they were utilizing the wheelchair when needed, and the resident could make her need to use a wheelchair known to staff, the RASP was not updated in writing with this information.

The timely updating of the RASP was reviewed with the new Director of Wellness. The DOW will revise resident RASPs within the required timeframes so as to ensure that residents' needs are met.

The Administrator/Designee will monitor to ensure ongoing compliance.

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)

Stacie Millett Rechlicz

Date

1-18-19

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

The above plan of correction is approved as of 1-22-19
(Date)

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

Plan of correction implementation status as of 1-22-19
(Date)

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

Violation Report: 22612 - 11/15/2018 - DeVries, Kristin

PCH Name: THE PINES AT CLARKS SUMMIT

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 RASP, dated 7-30-18, states that staff will perform 2 hour toileting checks for resident; Staff person A also stated that 1 hour checks were instituted when resident began reporting feelings of weakness and dizziness. Through interviews, staff stated that while they did check on resident several times a day, they were not aware of these scheduled checks and therefore could not say if they were adhering to them.

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 reviewing the violation with Staff person A, it was determined that she misspoke. She is new to the facility and thought that the 1 hour check-in's overnight in the Evergreen Unit were also in place in the Pines Unit. This is not the case. That is why staff was unaware of the 1 hour checks.


It was re-reviewed with Staff Person A that the 1 hour checks are routine only on the Evergreen Unit.

It was re-reviewed with Staff Person A that the RASP is an important document where the needs of the Residents are identified as well as the plan to meet those needs. Staff utilize the RASP to care for the Residents and it is important that they are reviewing the RASP to ensure the good care and safety of the Residents.

The Director of Wellness will ensure that the RASP is updated with any changes and that the care staff are utilizing the RASP when caring for Residents.

The Administrator/Designee will monitor to ensure ongoing compliance.

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) Stacie Millett Rechlicz **Date** 1-18-19

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