



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 11 2019

Mr. Robert D. Hand
Owner
Cornerstone Personal Care Home LLC
969 Bedford Street
Claysburg, Pennsylvania 16625

RE: Cornerstone Personal Care Home
Certificate #: 333270

Dear Mr. Hand:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 4 and 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 "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 33327 - 12/04/2018 - Hoover, Douglas
 PCH Name: CORNERSTONE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract, dated 2/17/18, was not signed by Resident #1.

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 above mentioned "contract" or resident agreement was signed and reviewed by the resident in question. Because she was our first resident, the agreement was reviewed and signed originally by her POA. The resident herself has (since) signed the agreement (dated 1-16-19) and we will make sure all residents sign their agreements in the future when we review them.

Denise Moyer-Hand
 1-16-19

The resident record review will be included as part of plans of correction identified as areas needing improvement, during the home's next quality management review. - GE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Denise Moyer-Hand

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Denise Moyer-Hand, Administrator + owner Date 1-16-19

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

The above plan of correction is approved as of 2/6/19
 (Date)

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

Plan of correction implementation status as of 2/6/19
 (Date)

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

Violation Report: 33327 - 12/04/2018 - Hoover, Douglas
 PCH Name: CORNERSTONE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A, hired 2/22/18, Direct Care Staff Member B, hired 10/16/18, and Direct Care Staff Member C, hired 2/22/18 did not have training records for general fire safety and emergency preparedness.

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 3 staff members in question all received a general orientation within their first 40 hours of work. However, this orientation was never documented in their personnel files. I have since started an orientation checklist, reviewed ALL of the orientation materials again with these staff members and documented each training in their files. The new training (orientation) for these 3 staff took place on 12-17-18 Training needs will be addressed at the home's periodic quality management reviews.-GE

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Denise Moyer-Hand*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise Moyer-Hand +owner* Administrator Date *1-6-19*

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The above plan of correction is approved as of 2/6/19
 (Date)

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

Plan of correction implementation status as of 2/9/19
 (Date)

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

Violation Report: 33327 - 12/04/2018 - Hoover, Douglas
 PCH Name: CORNERSTONE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A, hired 2/22/18, Direct Care Staff Member B, hired 10/16/18, and Direct Care Staff Member C, hired 2/22/18, did not have training records for resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.

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 3 staff members in question all received these orientation materials (listed above), again, on 12-17-18. The training was outlined and followed the guidelines; was documented in each of their files.

Training needs will be addressed at the home's periodic quality management reviews. -GE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Denise Moyer Hand*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise Moyer Hand + Owner* Administrator Date *1-16-19*

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Violation Report: 33327 - 12/04/2018 - Hoover, Douglas
 PCH Name: CORNERSTONE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The metal radiator cover under the bathroom sink, in the bathroom next to Room #11, was rusty with broken sharp edges.

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 metal radiator cover in the bathroom next to room #1 has been changed out. The sharp edges have been filed down and covered over by another piece. We plan to either paint it, or totally replace the cover when we can in the spring of 2019.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise Moyer-Hand + owner* Administrator Date *1-16-19*

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Violation Report: 33327 - 12/04/2018 - Hoover, Douglas
PCH Name: CORNERSTONE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

"Nystatin" powder in the medication cart for Resident #1 did not have a physician's order.

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.

I contacted the doctor regarding resident #1 and the nystatin powder. I have since received a new order for the powder and the ~~the~~ pharmacy has added the order to our eMAR system.

I have also gone through all of the residents' doctor's orders to make sure that we have current orders for every prescription in our med cart, for all 14 current residents.

Ongoing, the administrator will complete random audits of the home's medication administration records/ physician orders to ensure accuracy. The results of the audits will be included in the home's periodic quality management plan reviews. -GE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Denise Moyer-Hand

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

Denise Moyer-Hand towner Administrator

Date *1-16-19*

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(Date)

Plan of correction implementation status as of 2/9/19
(Date)

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(Initials)

Violation Report: 33327 - 12/04/2018 - Hoover, Douglas
PCH Name: CORNERSTONE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

There was a bottle of *Tylenol Extra Strength, 500 mg.* in the medication cart that belonged to Resident #3, but was not labeled with the resident's name.

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 bottle of tylenol in the cart was labeled PRN for Resident #3 and was in the correct "bin" with her name in the drawer.

I have since added her name to the bottle itself with a sharpie marker to identify it.

I have looked at each OTC med in our cart and labeled each one with the residents name.

Ongoing, the administrator will complete random routine audits of the home's medication carts to ensure medications are labeled with the required elements. - GE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Denise Moyer-Hand*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Denise Moyer-Hand* Date *1-16-19*

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(Initials)

Plan of correction implementation status as of 2/6/19
(Date)

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Violation Report: 33327 - 12/04/2018 - Hoover, Douglas
PCH Name: CORNERSTONE PERSONAL CARE HOME

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

The following blood sugar readings and times on the glucometer for Resident #4 did not correspond with the MAR documentation:

- On 12/5/18 at 4:09 am, the glucometer reading was 235 while the MAR recorded 185
- On 12/4/18 at 4:49 am, the glucometer reading was 215 while the MAR recorded 195
- On 12/4/18 at 1:42 pm, the glucometer reading was 178 while the MAR recorded 170
- On 12/4/18 at 9:06 am, the glucometer reading was 274 while the MAR recorded 234

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.

All of the glucometers in the home have been re-set by our pharmacy. In the process of promoting independence, our staff has relied on the resident to "report" their readings. We have since gone directly from the glucometer reading to the eMAR to record residents' blood sugar levels. We double-check the glucometers/readings on a weekly basis. Resident #4 was educated on the importance of accuracy. He now sends his readings to his doctor on a monthly basis.

The findings of the weekly checks will be addressed at the home's next Quality Management Review.-GE

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Printed Name and Title of Legal Entity Representative
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- Not Implemented

Violation Report: 33327 - 12/04/2018 - Hoover, Douglas
PCH Name: CORNERSTONE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician order for *Albuterol, 0.083%* nebulizer to use as needed every 4 hours since 6/19/18. The home was unaware of the order and the medication was not in the medication cart.

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 was an old perscription and we were unaware. We have since contacted the resident's doctor and he was seen and evaluated. The doctor did recommend he use the nebulizer at least 3 times a day. We ordered a new nebulizer through the pharmacy and my staff assists the resident with his treatments 3 times each day. Each treatment is recorded in the resident's eMAR.

Ongoing, the administrator will complete random audits of the home's medication administration records/physician orders to ensure accuracy. The results of the audits will be included in the home's periodic quality management plan reviews. -GE

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise Moyer Hand +owner* Administrator Date *1-16-19*

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The above plan of correction was approved by <u>GE</u> (Initials)	

Violation Report: 33327 - 12/04/2018 - Hoover, Douglas
PCH Name: CORNERSTONE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 2/17/18, did not have the initial assessment completed until 3/6/18.

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.

Each new resident is assessed and their assessment is within 15 days of their admission. Since resident #1 was truly our first resident, the initial assessment took a little longer than expected. Since I am the one to complete the assessments, I will make sure they are started & done within the 15 days. I have the dates marked on the calendar now & all assessments/renewals can be done in a timely manner, and recorded as such in the resident's files.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Denise Moyer-Hand

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Administrator Denise Moyer-Hand +owner Date 1-6-19

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(Date)

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Plan of correction implementation status as of 2/6/19
(Date)

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