



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: April 10, 2019

Ms. Judith O. Yanacek
President and Chief Executive Officer
Mount Trexler Manor Corporation
5201 St. Joseph's Road
Limeport, Pennsylvania 18060

RE: Action Recovery
License #: 226870

Dear Ms. Yanacek:

As a result of the Department's Bureau of Human Services Licensing inspection on January 4, 2019 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: 22687 - 01/04/2019 - Deluca, Amy
PCH Name: ACTION RECOVERY

1. REGULATION 55 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
Resident #1 requires 1:1 supervision by staff daily according to the resident's support plan dated 12/13/2017. This is also documented by a physician's order dated 11/13/2018 which states "1:1 supervision at all times". On the following dates and times the resident left the building unattended due to agitation and/or wanting a cigarette: 12/17/2018 at approximately 11:43pm, 12/22/2018 at approximately 1:50am, and 1/13/2019 at approximately 3:45am. The home did not report these incidents to the Department's regional office as required.

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.

See attached

The administrator will review the incidents required to be reported by 2600.16a with all staff.
All future incidents will be reported as required. 4-4-19

MM

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tantrell Hunt Date 3/25/19

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

The above plan of correction is approved as of 4-4-19
(Date)

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

- Plan of correction implementation status as of 4-4-19
(Date)
- Fully Implemented
 - *** Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

The support plan on 12/13/2017 and Physicians Order Form on 11/13/2018 indicates that the individual requires 1:1 but does specify the number of hours. All individuals require 24-hour supervision per OLTL waiver services unless otherwise noted in the ISP. The Service Authorization Form (as seen attached) for the waiver indicates 16 hours. Additionally, individuals that receive waiver services have Service Authorization Forms (SAFs) that authorize payment for services. The individual in question may receive up to a certain number of 1:1 hours by staff during times of ambulation. The individual's 1:1 service is not for behavioral or elopement purposes.

The interpretation of 1:1 staffing on the documentation noted is in essence up to 24-hour supervision per the waiver. These services are amended as needed on a monthly basis. The individual in question is licensed for up to 72 hours a week (1:1). The individual is only provided 1:1 service for safety during ambulation during waking hours.

The individual's RASP did not specify a specific number of hours for 1:1 service per day. The physician's order sheet has 1:1 listed under the "informational orders" and was data entered incorrectly (order from 5/29/17).

During the dates DHS indicates the individual "eloped" (12/17/18 and 1/13/19) the individual was not unattended by staff. He was 1:1 with staff as he ambulated with his gate belt. The individual was walking down the facility drive. On 12/22/18 the individual was being observed on an approximate 15-minute checks to determine if he needed assistance with ambulating due to requiring assistance to ambulate (his RASP does not indicate a specific time frame) and was in the designated smoking area for 5 minutes unsupervised while seeking cigarettes; the individual did not leave the property.

Personal care homes are required to report any "unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a secured dementia care unit." Events where a resident who wanders outside without leaving the premises (property of the home) and is immediately guided back inside by staff do not need to be reported.

The RCG states the following regarding plans of supervision:

“Personal care homes are required to report any “unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a secured dementia care unit.” Events where a resident who wanders outside without leaving the premises (property of the home) and is immediately guided back inside by staff do not need to be reported.

Action Recovery disagrees with the citation for not reporting.

**** The Administrator assured training for staff on Abuse and Neglect; OAPSA; and Reportable incidents to address and educate staff (2/27/2019, 3/6/2019, 3/13/2019,3/15/2019). Please see attached.

To prevent future events, staff were remediated on above listed dates. The individual’s RASP will be reviewed and updated if needed.

The administrator will insure compliance.

4-4-19

MM

Violation Report: 22687 - 01/04/2019 - Deluca, Amy
 PCH Name: ACTION RECOVERY

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 was discharged from the hospital on 12/31/2018 with orders to be on a fluid restriction of 1800cc oral fluid per day. According to staff interview the resident's fluid intake was not being monitored to ensure the order was followed. Resident #1 also has an allergy to caffeine according to the Documentation of Medical Evaluation (DME) form dated 11/15/2018. The dietary section of the DME indicates "no caffeine". The resident's support plan dated 12/13/2017 also indicates a dietary restriction of "no caffeine". According to staff interview, the staff allows the resident to have limited amounts of caffeine throughout the day. Some staff stated the vending machine contained caffeinated coffee while other staff stated that they thought the resident was given decaffeinated coffee, making it difficult to determine if staff are, in fact, following the resident's documented dietary restriction on caffeine.

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 individual was discharged from the hospital on 12/31/2019 with fluid restrictions. The order for fluid restriction was discontinued after 3 days. The individual chose not to follow the liquid restrictions during this time. The individual has a water bottle that is filled up at will. The individual will drink from the sink in the bedroom and in the bathroom. He also retrieves beverages from peers or purchase beverages with his personal needs fund. The individual has adverse reactions to caffeine which include seizures and mania. New Vitae provides decaf coffee to all residents. However, the individual chooses to purchase caffeinated coffee and soda. The individual will also pick up anyone's unoccupied beverage when walking past. The individual has also stolen caffeinated beverages from the store and will drink them in the store and refuse to pay. Not allowing the individual to drink at will is a violation of rights. Staff continue to coach and counsel daily of the health and hygiene that happens as a consequence of drinking caffeinated beverages and the individual assumes the risk. The staff in question was asked the questions as it relates to the coffee machine serving decaffeinated coffee and they did not know the answer. Staff are aware that the individual should not consume caffeinated beverages but are unable to prevent him from doing so.

Staff continue counsel, coach and educate the resident. Action Recovery disagrees with the citation for not following the individual's diet as specified as the resident has freedom of choice.

Action Recovery will continue to educate staff regarding resident diets.

The administrator will insure compliance.

*** A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record. The home shall be responsible for the resident and ensure on-going compliance. 4-4-19
 MM

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) Tantrell Hunt			Date 3/25/19

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 (Initials)

Plan of correction implementation status as of 4-4-19
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 22687 - 01/04/2019 - Deluca, Amy
 PCH Name: ACTION RECOVERY

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's most current support plan was completed on 12/13/2017. The home did not complete an annual assessment by 12/28/2018 as required.

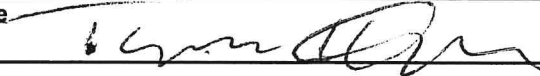
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Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon discovery of the RASP being outdated it was completed on 1/4/2019. (see attached)

The administrator will insure the residents' RASPs are completed in compliance with the regulations.

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Violation Report: 22687 - 01/04/2019 - Deluca, Amy

PCH Name: ACTION RECOVERY

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

According to staff interviews and staff care notes, Resident #1 had increased periods of agitation and elopements starting in December of 2018, particularly in the middle of the night. The resident's support plan dated 12/13/2017 was not updated to address the resident's behaviors and increased need for supervision during the 3rd shift hours of 11pm to 7am.

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.

Upon discovery of the RASP being outdated it was completed on 1/4/2019 with the necessary updates to address the individual's behavior. The individual never "eloped" on the night in question. They were on 15-minute checks overnight to ensure they had assistance for ambulation if needed. Upon checking on the individual, it was discovered that they had climbed out the bedroom window. The climb was ground level and they walked (50 feet) over to the smoke shack with the intent to seek nicotine. The individual was without staff for less than 15 minutes and never left the grounds. The Administrator assured training for staff on Abuse and Neglect; OAPSA; and Reportable incidents to address and educate staff (2/27/2019, 3/6/2019, 3/13/2019,3/15/2019). Please see attached.

To prevent future events, staff were remediated on above listed dates. The individual's RASP will be reviewed and updated if needed.

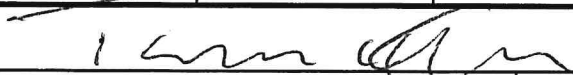
The administrator will insure compliance regarding significant changes to a resident's RASP as specified in the regulations.

4-4-19

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