



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 13 2019

Ms. Deneane R. Miller
Owner
Deneane Miller
142 Fairview Avenue
Confluence, Pennsylvania 15424

RE: Deneane's Personal Care Home
License #: 321520

Dear Ms. Miller:

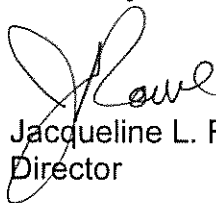
As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on January 8, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

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,



Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 32152 - 01/08/2019 - Showers, Michael

PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff Person A, the home's administrator, completed only 18 hours of annual training during training year 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 will complete 30 hours of annual training during the 2019 training year. This will ensure that the Administrator is current in 2019 and will supplement her hours to go towards 2018. The Administrator will be more mindful in the future and keep a record of annual training hours to ensure that the Administrator is current with their training hours.

*The administrator (Staff Person A) will complete a minimum of 10 hours of training by 4/30/19, a minimum of 20 hours of training by 8/31/19, and 30 hours of training by 12/31/19.

Documentation for the completion of all trainings for Staff Person A and D will be provided to the Department.

BAS 2/8/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/04/2018

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane S. Miller

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

Deneane S. Miller

Date

1/28/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 2/12/19
(Date)Plan of correction implementation status as of 2/12/19
(Date)

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

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

Violation Report: 32152 - 01/08/2019 - Showers, Michael

PCH Name: DENEANE S PERSONAL CARE HOME

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

There is an approximate two and a half foot circular brown water stain on the ceiling tiles in the kitchen.

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 ceiling tile in the kitchen was stained from a leak in the upstairs bathroom the night prior to the inspection. New ceiling tile will be purchased on or before February 15, 2019 and replaced. Administrator will check all ceiling tile in the home and replace any tile that are discolored or stained.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/31/2018

01/04/2018

Signature of Legal Entity Representative
(Required on EVERY Page)*Deneane S. Miller*Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)*Deneane S. Miller*

Date

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Violation Report: 32152 - 01/08/2019 - Showers, Michael
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The ramp at the main entrance of the home and the adjacent door (which has a two inch step from the home to the outside) do not have a well secured handrail.

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.

A grab bar was installed at the main entrance of the home. Maintenance staff will check all areas of the home to ensure all ramps, stairways and steps have well secured handrails.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Deneane L. Miller

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

Deneane R. Miller

Date 1/28/19

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Violation Report: 32152 - 01/08/2019 - Showers, Michael

PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

The wooden steps at home's second floor fire escape do not have a nonskid surface

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.

Weather permitting, on or before April 15, 2019, a nonskid surface will be applied to the wooden steps at the home's second floor fire escape. Maintenance staff will continue to check all areas of the home to ensure all ramps, stairways and steps have a nonskid surface.

*The checks of the non-skid surfaces will be completed on a monthly basis, documentation of the checks will be recorded and maintained for Department review.

The home will provide the Department documentation of the repair once completed.

BAS 2/8/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane R. Miller

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

Deneane R. Miller

Date *1/28/19*

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(Initials)

Violation Report: 32152 - 01/08/2019 - Showers, Michael

PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The ramp at the main entrance to the home is comprised of a concrete transition with four wooden planks setting on top of it. The wooden planks are not secured and are unstable. This presents a fall hazard to anyone using the ramp.

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.

Weather permitting, on or before June 15, 2019, the main ramp will be replaced with a new nonskid ramp. Maintenance staff will continue to check all areas of the home to ensure all ramps, stairways and steps have a nonskid surface and are in good repair and free of hazards.

*To immediately address the situation, the planks setting on top of the concrete slab will be secured to each other in a way that does not allow each plank to move independently and provides a more stable surface. The checks for existing hazards will be completed on a monthly basis, documentation of the checks will be recorded and maintained for Department review.

The home will provide the Department documentation of the final repair of the ramp once completed.

BAS 2/8/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DENEANE S. MILLER* Date *1/28/19*

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Violation Report: 32152 - 01/08/2019 - Showers, Michael

PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

Bedroom 9 has three residents and contains only one chair.

Bedroom 3 has two residents and contains no chairs.

Bedroom 4 has two residents and contains only one chair.

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.

Chairs were placed in all bedrooms that were missing them. Administrator and Maintenance Staff checked all resident rooms to ensure that each resident had his or her own chair. Administrator and/or Maintenance Staff will check the facility weekly to ensure that each resident has a chair in their room for themselves.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Denise B. Miller

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Denise B. Miller

Date *2/28/19*

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Violation Report: 32152 - 01/08/2019 - Showers, Michael
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 1/8/2019 the home had seventeen residents, but only forty-two gallons of emergency water present. Multiple gallon containers of water are in poor condition, with crushed exteriors and containing pinholes.

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 home immediately purchased water to meet the regulation of having at least a 3 day supply for each resident. Staff was instructed that water cannot be stacked and must be replaced if outdated or damaged. Administrator will also check the water each week.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Deneane R. Miller Date 1/28/19

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Violation Report: 32152 - 01/08/2019 - Showers, Michael

PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

Therefrigerator in the home's kitchen contained three humalog kwik pens precribed for Resident 1. These insulin pens are stored in the butter section of the refrigerator. The butter section, refrigerator, and entry to the kitchen are unable to be unlocked to prohibit access to these medications.

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.

A lockbox was immediately purchased and all prescription medications were locked securely in the refrigerator. Administrator will check the refrigerator along with other areas of the home to ensure all medications are locked and not accessible.

*Staff will receive re-training on the proper storage of medications within 15 days of this plan.
BAS 2/8/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Deneane S. Miller

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Deneane S. Miller Date 1/28/19

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