



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 1 1 2019

Ms. Sherri A. Marshall
President/Administrator
Rose of Sharon Home, Inc.
P.O. Box 336
135 Main Street
Saint Michael, Pennsylvania 15951

RE: Rose of Sharon Home, Inc.
License #: 332060

Dear Ms. Marshall:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on January 31, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ROSE OF SHARON HOME INC		License Number: 33206
Address: 135 MAIN STREET PO BOX 336, SAINT MICHAEL, PA 15951		County: Cambria
Administrator: Sherri Marshall		Region: CENTRAL
Legal Entity Name: ROSE OF SHARON HOME INC		
Legal Entity Address: PO BOX 336 135 MAIN STREET, SAINT MICHAEL, PA 15951		
Certificate(s) of Occupancy C-2 LP 12/14/1992 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 21	Waking Staff: 16
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/31/2019: McCloskey, Jason; Bomberger, Cybil		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 19 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 14 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 1	

Violation Report: 33206 - 01/31/2019 - McCloskey, Jason
 PCH Name: ROSE OF SHARON HOME INC

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 1/31/2019 at 2:10pm, the water temperature at the bathroom sink in resident room 14 measured 131 degrees Fahrenheit. At 2:15pm, the water temperature at the bathroom sink in resident room 18 measured 130 degrees Fahrenheit.

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.

It should be noted that we had a plumbing issue the week prior to 1/31/19. We have never had a water temperature issue before. Apparently, when the men were working on the plumbing, they inadvertently raised the temperature on one of the hot water tanks. The temperature on each of our 2 hot water tanks was checked on 1/31/19. It was found that the hot water tank that supplies water to room 14 and room 18 was set above 120 degrees. The temperature setting on the tank was lowered immediately. The temperature gauge on this particular tank is not digitalized so the gauge was set to an area marked on the gauge as 120 degrees (there are only 3 settings marked). The water temperature was checked again on 2/1/19 and found to be 122.4 degrees. The tank setting was lowered again. The temperature was checked again on 2/4/19 and found to be 120.6 degrees. The setting was lowered once again.

On 2/7/19 the water temperature in room 18 measured 108.5 degrees. The water temperature in room 14 measured 108.3 degrees. Administrator slightly raised the setting on the hot water tank in an attempt to get closer to 120 degrees.

Administrator will check the water temperatures in room 14 and room 18 on 2/8/19 and 2/9/19. Starting on 2/11/19, Administrator will check the water temperatures bi-weekly for 1 month. After 3/11/19, Administrator will check the water temperatures weekly until 4/11/19. If after this period of time, the water temperatures are consistently regulation compliant, the water temperatures will be monitored quarterly for the next 2 quarters (by 7/11/19 and 10/11/19).

If any work is done on either the plumbing or the hot water tanks, Administrator will ensure that the water temperatures remain regulation compliant after the work is completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sherr A Marshall*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sherr A. Marshall, Administrator

Date 2/7/19

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

The above plan of correction is approved as of <u>2/8/19</u> (Date)	Plan of correction implementation status as of <u>2/8/19</u> (Date)
The above plan of correction was approved by <u>BAS</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: 33206 - 01/31/2019 - McCloskey, Jason
 PCH Name: ROSE OF SHARON HOME INC

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drills conducted on 2/28/18 and 5/30/18 do not include the total time, including minutes and seconds, required to complete each drill.

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.

There was only one employee who was not listing the seconds on the time for the fire drill log. Administrator spoke at length with this particular employee. It was discovered that she was using a clock that was digital but did not have the seconds included. She now thoroughly understands that the seconds are also required to be listed. She has assured the Administrator that she will utilize a clock/stopwatch that lists the seconds as well. Administrator also re-educated the entire staff (please see attached). Administrator will also more closely review the fire drill information to ensure that all the required information is included on each entry of the fire drill log. These steps will provide continued compliance.

Note: Administrator also purchased a stopwatch to use during fire drills in case the employee pulling the alarm does not have a stopwatch on their cell phone.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sherri A. Marshall*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sherri A. Marshall, Administrator

Date 2/7/19

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Violation Report: 33206 - 01/31/2019 - McCloskey, Jason PCH Name: ROSE OF SHARON HOME INC			
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.			
2a. DESCRIPTION OF VIOLATION Resident 1 is prescribed Novolog Flex Pen insulin to be administered based upon a sliding scale regimen. On 1/29/19 at 7:44am, the resident's blood sugar measured 385 requiring 12 units of insulin to be administered. However, only 10 units of insulin were administered to the resident.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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> It was discovered on 1/31/19 that staff were using a hand-written sliding scale log that was taped to the resident's insulin bag. This hand-written information was not entirely accurate. The hand-written sliding scale logs have been destroyed by the Administrator. The Administrator has re-educated all staff to only refer to the electronic medication administration records for accurate information. Please see memo as attached. There has been a review of resident 1's insulin administration from 1/30/19 through 2/6/19 and all injections have been administered properly as per sliding scale. Please see attached documentation on resident 1.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sherri A. Marshall</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sherri A. Marshall, Administrator			Date 2/7/19
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