



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

Mr. Daniel Caffrey
Chief Executive Officer
Zerbe Sisters Nursing Center, Inc.
2499 Zerbe Road
Navron, Pennsylvania 17555

RE: Zerbe Sisters Nursing Center
Certificate #: 322370

Dear Mr. Caffrey:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on February 15, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 32237 - 02/15/2019 - Heemer, Laura
 PCH Name: ZERBE SISTERS NURSING CENTER

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
 On 11/27/2017 Resident 1 received a new diagnosis of Macular Degeneration. This diagnosis was not documented and assessed for needs in the current assessment completed by the home for 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.

*DX of macular Degeneration with plan to meet medical need
 Added to RASP During inspection on 2/17/19. (Resident #1)
 Administration will review all physician consults that are
 received and update problem list in chart as well as RASP.
 (Resident did start on medication at the time it was ordered)*

*Daniel Caffrey
 PC Administrator*

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) DANIEL CAFFEY	Date 2/22/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/22/19</u> (Date)	Plan of correction implementation status as of <u>2/22/19</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