



July 11, 2019

Ms. Marsha Pepper  
Administrator  
Twin Oaks Personal Care Home Inc.  
1100 Cowley Road  
Granville Summit, Pennsylvania 16926

RE: Twin Oaks Personal Care Home  
License #: 214700

Dear Ms. Pepper:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 27, 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](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". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



**Violation Report:** 21470 - 02/27/2019 - Novak, Ryan  
**PCH Name:** TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's most recent DME was completed on 8/10/18, the previous was completed on 6/29/17.

**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.*

Administrators had inadvertently gone by the date the doctor had filled the form out rather than the date the resident was actually evaluated. However, the most current DME on file at the time of inspection was dated as follows:  
 Date evaluated 02-15-19 Date form completed 02-18-19.  
 So, this had already been corrected before the violation was cited on 02-27-19. - Not sure what else could have been done to correct it and I do not feel I should have been cited for it.  
 Administrator will maintain ongoing compliance.

I have attached the most current DME.

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Maisha Pepper*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Maisha Pepper* Date *05-08-19*

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

The above plan of correction is approved as of 6-5-19  
 (Date)

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

Plan of correction implementation status as of 6-5-19  
 (Date)

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

**Violation Report:** 21470 - 02/27/2019 - Novak, Ryan  
**PCH Name:** TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's PRN tylenol and Motrin were listed on the MAR but not current orders.

**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.*

Medications were written in the MAR before the written order was received. Administrator will ensure that all future orders are received in writing before the medication is entered in the MAR.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Mansha Pepper*

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

*Mansha Pepper*

Date *05-02-19*

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 (Date)

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

Plan of correction implementation status as of 6-5-19  
 (Date)

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

Violation Report: 21470 - 02/27/2019 - Novak, Ryan

PCH Name: TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

**2a. DESCRIPTION OF VIOLATION**

Resident #3's pre-admission screening dated 1/14/19 does not include if the resident can safely handle poisons.

**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 oversight of the administrator. In the future administration will ensure that all required boxes are checked in order to maintain ongoing compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Maisha Pepper*

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

*Maisha Pepper*

Date *05-02-19*

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(Date)

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- Partially Implemented - Inadequate Progress
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