



pennsylvania
DEPARTMENT OF HUMAN SERVICES

May 28, 2019

Mr. Bryan Botts
Administrator
Jeffco Health Services, Inc.
417 Route 28
Brookville, Pennsylvania 15825

RE: Jefferson Court
Certificate #: 406240

Dear Mr. Botts:

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.

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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: JEFFERSON COURT		License Number: 40624
Address: 417 RT 28, BROOKVILLE, PA 15825		County: Jefferson
Administrator: Bryan Botts		Region: WEST
Legal Entity Name: JEFFCO HEALTH SERVICES INC		
Legal Entity Address: 417 RT. 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy C2 LP 02/09/1099 L & I		RECEIVED APR 15 2019
Staffing Hours Resident Support: 0		Western Region
Total Daily Staff: 59	Waking Staff: 44	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/27/2019: McConnell, Deb		
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: 48 Number of Residents Served: 39 Secured Dementia Care Unit In Home: Yes Area: Second Floor Secured Dementia Unit Capacity, If Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: nm Number of Hospice Residents in past year: nm	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 38 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 20 Have a Physical Disability: 1	

Violation Report: 40624 - 02/27/2019 - McConnell, Deb
 PCH Name: JEFFERSON COURT

Western Region

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on 6/4/18, did not complete orientation training in telephone use and notification of emergency services.

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.

Staff member A was provided the proper orientation training immediately. The administrator shall be responsible for ensuring all staff training is completed. The administrator will review all new staff training prior to their first day of work and monthly, ensuring that all required training components have been met. If the required components are found to have not been completed, the staff member will not work until the required components have been provided and satisfied.

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

Bryan Botts

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

Bryan Botts, ADMINISTRATOR

Date 4/10/19

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

The above plan of correction is approved as of 5/7/19
 (Date)

Plan of correction implementation status as of 5/7/19
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

APR 15 2019

Violation Report: 40624 - 02/27/2019 - McConnell, Deb
PCH Name: JEFFERSON COURT

Western Region

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 6/4/18, completed their 40th scheduled work hours; however, she did not complete orientation training in emergency medical plans and reporting of reportable incidents and conditions.

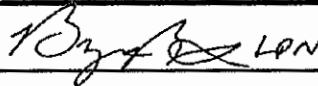
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Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff member A was provided the proper orientation training immediately. The administrator shall be responsible for ensuring all staff training is completed. The administrator will review all new staff training prior to completion of their 40th working hour of work and monthly, ensuring that all required training components have been met. If the required components are found to have not been completed, the staff member will not work until the required components have been provided and satisfied.


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)	Date
Bryan Botts, ADMINISTRATOR	4/10/19

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<p>The above plan of correction is approved as of <u>5/7/19</u> (Date)</p> <p>The above plan of correction was approved by  (Initials)</p>	<p>Plan of correction implementation status as of <u>5/7/19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 40624 - 02/27/2019 - McConnell, Deb
PCH Name: JEFFERSON COURT

Western Region

1. REGULATION 56 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill log indicates the home has only used three of the five emergency exit routes in the past 12 months during fire drills.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

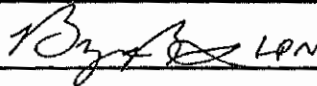
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A plan has been put into place stating that a minimum of three exits must be used during all fire drills, with two of those drills differing from the previous drill. This plan will provide a rotation for use of exit routes, thus ensuring that all five exit routes will be utilized during any given twelve month span. The administrator will be responsible for overseeing the implementation of this plan and ensuring that it is properly carried out during each drill.

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)

Bryan Botts, ADM IN: STAFF

Date 4/10/19

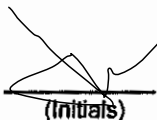
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(Initials)

Violation Report: 40624 - 02/27/2019 - McConnell, Deb
 PCH Name: JEFFERSON COURT

Western Region

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Metoprolol, 25mg, 1 tab three times a day. However, the prescription label indicates, Metoprolol, 5mg, 1/2 tab everyday.

Resident #2 is prescribed Cholecalciferol, 1000 units daily. However, the prescription label indicates D3-1000 units daily.

Resident #2 is prescribed Sennosides-Docusate Sodium, 1 tab twice daily. However, the prescription label indicates, Senna Plus, 1 tab twice daily.

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 medication cart and MAR will be audited immediately after each med exchange from pharmacy (every 15 days) ensuring that each pharmacy label and order within the MAR match. The audit will be completed by the administrator or designated person within the facility. If either the pharmacy label or the MAR do not match, the original order will be located and be used for comparison against the pharmacy label and MAR. The MAR or pharmacy (whichever applicable at time) will be corrected to ensure uniformity throughout the entirety of the MAR medication carts.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/22/2018	
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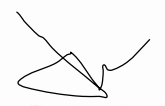
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Bryan Botts LON

Printed Name and Title of Legal Entity Representative
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Bryan Botts, ADMINISTRATOR Date 4/10/19

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