



Mailing Date: May 14, 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 inspection on March 7, 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 violations cited 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.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *DENEANE'S PERSONAL CARE HOME*
Address: *142 FAIRVIEW AVENUE, CONFLUENCE, PA 15424*
County: *SOMERSET* Region: *CENTRAL*

License Number: *321520*

Administrator

Name: *DENEANE MILLER* Phone: *8143953159* Email:

Legal Entity

Name: *DENEANE MILLER*
Address: *142 FAIRVIEW AVENUE, PA, 15424*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/08/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

03/07/2019 - On-Site: Laura Heemer, Mike Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *16*

Secured Dementia Care Unit

In Home:	Area:	Capacity:	Residents Served:
----------	-------	-----------	-------------------

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>15</i>	Are 60 Years of Age or Older: <i>9</i>
Diagnosed with Mental Illness: <i>4</i>	Diagnosed with Intellectual Disability: <i>6</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>7</i>

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The Medical Evaluation form in Resident 1's record dated 1/3/2019 was not signed by the medical professional who performed the examination.

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.)

Office staff will review each Medical Evaluation after it is performed by the physician to ensure all areas of the Medical Evaluation are filled out completely and correctly.

Administrator will also check all resident files at a minimum of every quarter to ensure that all Medical Evaluations are filled out completely and correctly.

Legal Entity Representative

Denean B. Miller
Signature

Denean B. Miller
Printed Name and Title

5/10/2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/14/19
(Date)

Plan of correction implementation status as of 5/14/19
(Date)

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

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

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 1 was prescribed Admelog Solostar 100/ml, before meals and at bedtime according to the following sliding scale:

Less than 70-0 units

71-120, -2 units

121-150- 3 units

151-200-4 units

201-250-6units

252-300-10 units

301-350-12 units

Greater than 350-15 units

The Medication Administration Record for Resident 1 does not document how many units of Admelog Solstar was administered to the resident from February 1, 2019 through March 3, 2019.

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 immediately contacted the pharmacy and informed them that when a resident is prescribed a medication with a sliding scale the MAR must include documentation on how many units of the medication was given. Administrator will also review MARS after each resident is admitted to the facility to ensure all Medications & Documentation Requirements are contained on the MAR. Administrator will review all Diabetic Medications for all residents monthly to ensure the documentation is correct.

(Continued on Page 3A)

Legal Entity Representative

Deneane R. Miller
Signature

Deneane R. Miller
Printed Name and Title

5/10/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/14/19
(Date)

Plan of correction implementation status as of 5/14/19
(Date)

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

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

2600.187(a)

Within five days from the receipt of this plan, the administrator will review the medication administration records for all current residents to ensure that the number of units for sliding scale administration is being recorded properly. BAS 5/14/19

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On 1/5/2019 Resident 1 was diagnosed with a bleeding ulcer and was prescribed medications to manage this diagnosis. The resident's assessment was not updated to document this diagnosis and the services required for the diagnosis.

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.)

Office Staff & the Administrator will review all resident records to ensure all diagnosis are contained in the resident assessment. Office Staff & Administrator will also be sure to update all assessment forms as resident diagnosis changes.

Administrator will also check all resident files at a minimum of every quarter to ensure that all Assessments are filled out completely, correctly and not missing any pertinent information regarding the resident.

*The administrator will complete an audit all resident assessments and support plans (RASPs) to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new RASPs shall be completed within 15 days from the receipt of this plan. BAS 5/14/19

Legal Entity Representative

Deneane R. Miller
Signature

Deneane R. Miller 2/5/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/14/19
(Date)

Plan of correction implementation status as of 5/14/19
(Date)

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

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

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The home's record for Resident 2 does not include the medication administration record for Resident 2 from 2/21/2019 through 2 pm on 2/24/2019.

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 immediately contacted the pharmacy and informed them that when a resident is admitted to the facility they must immediately enter all medication information onto the residents MAR.

Administrator will review MARS after each resident is admitted to the facility to ensure all Medications & Documentation Requirements are contained on the MAR. Administrator or Office Staff will Audit all resident MARS monthly to ensure they are correct and all information and medications are entered onto the Resident MAR.

(Continued on Page 5A)

Legal Entity Representative

Deneane R. Miller
Signature

Deneane R. Miller 2/5/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/14/19
(Date)

Plan of correction implementation status as of 5/14/19
(Date)

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

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

2600.252

The administrator will audit all current resident records to ensure that all of the information required by this regulation is present. Missing information will be added immediately. This audit will be completed within 30 days from the receipt of this plan and semi-annually thereafter. The administrator will also complete a review of the resident record each time a resident is discharged from the facility. BAS 5/14/19