



July 25, 2019

Ms. Karen Haverilla
Administrator
Haverilla Personal Care Home, Inc.
775 Stonetown Road
Rossiter, Pennsylvania 15772

RE: Haverilla Personal Care Home
Certificate #: 427930

Dear Ms. Haverilla:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 12, 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 "Carolyn K. Ellison". The signature is written in a cursive style.

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

Violation Report

Facility Information

Name: *Haverilla Personal Care Home*
Address: *775 Stonetown Road, Rossiter, PA 15772*
County: *Indiana* Region: *Western*

License Number: *427930*

Administrator

Name: *Kelli Haverilla* Phone: *8149383399* Email: *KARHAV@YAHOO.COM*

Legal Entity

Name: *Haverilla Personal Care Home Inc*
Address: *775 Stonetown Road,, PA, 15772*

Certificate(s) of Occupancy

Type: *Other* Date: *07/28/1977* Issued By: *Dept. of L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

03/12/2019 - On-Site: Jan Cutter, Patricia Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *22*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *2* Have Physical Disability: *0*

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There were no paper towels or other sanitary means of drying hands in the powder room next to the dining room.

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 roll of paper towels was placed in the powder room immediately to correct this violation. To prevent a similar violation from occurring again, we have instructed each staff person to inspect this room at the beginning of their shift and replace any needed items such as paper towels.

Legal Entity Representative

Kelli Haverilla
Signature

Kelli Haverilla Administrator 6-27-19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/9/19
(Date)

Plan of correction implementation status as of 7/9/19
(Date)

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

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

85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:30 am, there was an uncovered and overflowing 30 gallon black trash can at the exterior of the building next to the laundry area. There were cardboard boxes, empty soda cans and a broken Keurig coffee maker on top of the trash can.

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 garbage can was emptied and the lid replaced the day of inspection (3-12-19) to correct this violation.

To prevent a similar violation from occurring, we have reminded everyone that the lid must be on all garbage cans at all times and that the cans must be emptied before they are overflowing. This, along with our current instructions of emptying all garbage cans each evening will prevent a reoccurrence.

Legal Entity Representative

Kelli Haverilla
Signature

Kelli Haverilla Administrator
Printed Name and Title

6-24-19
Date

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There was a 12 inch by 12 inch puddle of water on the floor in front of the toilet in the powder room next to the dining room which poses a slip and fall hazard for residents.

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.)

In order to correct this violation, we had our maintenance man come in that day (3-12-19) He found a broke wax seal on the toilet and replaced it, at that time

To prevent a similar violation from occurring, we have instructed each staff person to inspect this room at the beginning of their shift and report anything that is not right, such as a leak

Legal Entity Representative

Kelli Haverilla
Signature

Kelli Haverilla / Administrator 6-24-19
Printed Name and Title Date

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit, located on the shelf above the medication cart in the kitchen, did not include gauze or tape.

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.)

To correct this violation, the gauze and tape were replaced immediately. In order to prevent a similar violation from occurring, staff was reminded to immediately replace any items they use. And to inform others, such as home health nurses, of this - we have a note inside the kit & a list posted. Also administrator will do a weekly check of First Aid Kit every Friday.

Legal Entity Representative

Kelli Thvenilla
Signature

Kelli Thvenilla/ Administrator 6-24-19
Printed Name and Title Date

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j.7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no operable source of lighting at resident #1's bedside.

Repeat violation 3/2/2018

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 bedside lamp was moved by resident 1. It was placed back on the bedside table to immediately correct this violation.

To prevent a similar violation we have placed a stick on light at the bedside

Immediately and twice weekly thereafter: A designated staff person will check all resident bedrooms to ensure an operable lamp or other source of lighting that can be turned on is present at each resident's bedside.

JW 7/9/19

Legal Entity Representative

Kelli Haverilla
Signature

Kelli Haverilla Administrator
Printed Name and Title

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

There was an unused hypodermic needle, size 21Gx2, in the unlocked first aid kit on the shelf above the medication cart in the kitchen.

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 needle was immediately placed into the locked med cart to correct this violation. To prevent a similar violation from occurring, Administrators will do a weekly check of all First Aid Kits each Friday

and all medication administration areas

JW 7/9/19

Legal Entity Representative

Kelli Haverille
Signature

Kelli Haverille / Administrator
Printed Name and Title

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 has a physician's order, dated 3/1/2019, for Furosemide 20 mg, take 1 tablet once daily for 7 days; however, the resident's March 2019 medication administration record has been initialed by staff indicating the medication was administered from 3/1/2019 to 3/12/2019 at 8:00 am.

Repeat violation 3/2/2018

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.)

To correct this violation, the Medication Record was corrected that day, 3-12-19

To insure a similar violation does not occur Administration will review MAR's to ensure they are initialed by staff at the time medication is administered, at least each Friday.

Within 15 days of receipt of the plan of correction: All all staff persons qualified to administer medications shall be educated that the documentation of the administration of medications shall be recorded at the time the medication is administered. Documentation of the education shall be kept. JW 7/9/19

Legal Entity Representative

Kelli Havens
Signature

Kelli Havens / Administrator
Printed Name and Title

6-24-19
Date

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