



September 30, 2019

Ms. Shirley Major-Friday
Administrator
Helen's Place for Personal Care
474 Stambaugh Avenue
Sharon, Pennsylvania 16146

RE: Helen's Place for Personal Care
Certificate #: 446870

Dear Ms. Major-Friday:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 26, 2019 and July 24, 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, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: HELEN'S PLACE FOR PERSONAL CARE
Address: 474 STAMBAUGH AVENUE, SHARON, PA 16146
County: MERCER Region: WESTERN

License Number: 446870

Administrator

Name: Shirley Friday Phone: 7249311222 Email: FRIDAYSHIRLEY@YAHOO.COM

Legal Entity

Name: HELEN'S PLACE FOR PERSONAL CARE
Address: 474 STAMBAUGH AVENUE, PA, 16146

Certificate(s) of Occupancy

Type: Other Date: 12/06/1991 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection

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

Inspection Dates and Department Representative

03/26/2019 - On-Site: Courtney Barry, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15 Residents Served: 11

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 10
Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 1

42o - Associate/Communicate

Regulations

2600.

42.o. A resident has the right to freely associate, organize and communicate with others privately.

Description of Violation

Residents are not permitted to meet with visitors privately in their bedrooms. There are 2 signs posted in the hallway on the first floor indicating "No visitors allowed in resident's rooms."

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 an effort to be in compliance with regulations 2600.42.o administrator has taken down signs regarding company visiting residents in their bedrooms. Residents who share a room may have visitors in the upstairs dayroom with door shut Safety rules still apply

The policy for resident's visitors will be as follows:

Visitors MUST sign the sign in book located in downstairs dayroom

No visitor staff, family of staff or residents' family or friend will be allowed

Into building under the influence of drugs/alcohol

No visitor will enter building with any type of weapon or firearm with or without License

Legal Entity Representative Immediately - Residents will be given written notice of the visitor policy. -- JRW 7/5/18

Shirley Mager Admin (Signature)

Shirley Mager Admin 6/25/19 (Printed Name and Title, Date)

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

The above plan of correction is approved as of 7/5/19 (Date) Plan of correction implementation status as of 8/15/19 (Date)

The above plan of correction was approved by (Initials) [Signature] [X] Partially Implemented - Adequate Progress [] Fully Implemented [] Partially Implemented - Inadequate Progress [] Not Implemented

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired approximately 1/26/19, does not have a completed criminal history background check. There was an undated and unprocessed criminal background check request form in the staff record.

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.)

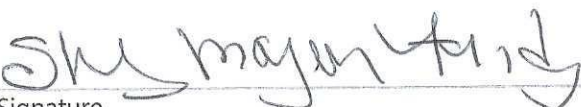
Regulations 2600.51

Administrator will have criminal history background check completed prior to hire.

Administrator will have criminal history background forms with orientation packet and not hire new staff until criminal check is printed out and in employee file.

Criminal background check for staff person A completed on 4/9/19 and there was no criminal record. - JRW 7/5/19

Legal Entity Representative


Signature 

Printed Name and Title Shy Mayon Title ADM Date 6/25/19

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(Date)

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64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, the administrator, did not complete any of the required 24 hours of annual training during the 2018 training year.

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.)

Regulation 2600.64

Staff person B , the administrator will leave hours of continued education for the current year in a known place to staff to show State Inspector to review in the absence of administrator; in the past administrator log books were locked with on the administrator having access. Continued education administrative hours will be located in the office on a staff with "continued administrator hours on the cover of binder" for easy access from this point forward.

The administrator has records of completion of 14 of the required 24 administrator training hours. The administrator will complete a total of 34 hours of administrator training during training year 2019, 10 hours of which are to make up for hours missed during training year 2018. The 10 hours additional training hours may be completed online. - JRW 8/15/19

Legal Entity Representative

Shy Moya Kirby
Signature

Shy Moya Kirby
Printed Name and Title

6 25 19
Date

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		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

65a - FS Orientation 1st Day

Regulations

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.

Description of Violation

Staff person A, hired on or about 1/26/19, did not receive orientation training in any of the required topics under 2600.65(a).

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.)


Regulations 2600.65 a

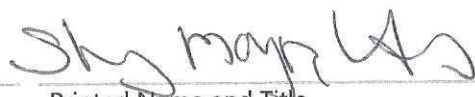
Staff person A

Has been trained on regulation 2600 65 a (refer to attached sign off sheet)

From this point forward the during the orientation process this form will be included and PRIOR to hire training will be met.

Legal Entity Representative


Signature

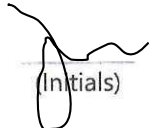

Printed Name and Title

6/25/19
Date

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65b - Rights/Abuse 40 Hours

Regulations

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.

Description of Violation

Staff person A, hired on or about 1/26/19, completed 40 hours of work, however, did not complete orientation in any of the required areas under 2600.65(b).

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.)

Regulations 2600.65 b

Has been trained on regulation 2600 65 b (refer to attached sign off sheet) Training completed on 1/28/19.-- JRW 7/6/19

From this point forward the during the orientation process this form will be included and PRIOR to hire training will be met.

Legal Entity Representative

Shirley Major
Signature

Shirley Major
Printed Name and Title

08 30 19
Date

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(Initials)

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- Not Implemented

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on or about 1/26/19; has not successfully completed the Department-approved direct care training course, or passed the competency test. Staff person A provided unsupervised ADL services on multiple dates, including 3/17/19, 3/23/19, and 3/24/19.

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.)

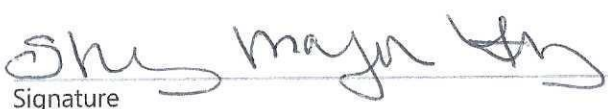
Regulation 65 d.

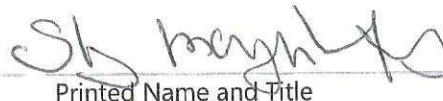
Has been trained on regulation 2600 65 d (refer to attached sign off sheet) Staff person A completed the Direct Care Staff Training Course and Competency Test on 4/6/2019. -JRW 7/6/19

Refer to attachment #1

From this point forward the during the orientation process this form will be included and PRIOR to hire training will be met.

Legal Entity Representative



Signature


Printed Name and Title


Date

65d - Initial Direct Care Training *(continued)*

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		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The glucometer for resident #1 was used to measure blood glucose levels for resident #2. The following blood glucose readings for resident #2 were on resident #1's glucometer:

Date	Blood glucose
3/24/19 at 7:39 a.m.	100
3/25/19 at 7:20 a.m.	90
3/26/19 at 7:49 a.m.	161

Staff person A indicated resident #1's glucometer was used on resident #2 because resident #2 was out of test strips.

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.)

Refer to attachment #2

See Page 9A of 17


Legal Entity Representative




Signature _____ Printed Name and Title _____ Date _____

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The above plan of correction is approved as of 8/15/19 Plan of correction implementation status as of 8/15/19
 (Date)

The above plan of correction was approved by 

(Initials)

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

Attachment 2

Regulation 2600 85.a Sanitary conditions shall be maintained


The glucometer for resident #1 was used to measure blood glucose levels for resident #2. The following blood glucose readings for resident #2 were on resident #1 glucometer

ALL residents have functional glucometer at the cost of the home. (Invoice has been forwarded to inspector) From this point forward residents will use the glucometer with the name written on the actual zipped pouch with NO EXCEPTIONS for using one glucometer for another resident's glucose meter. In the event that a glucose meter becomes nonfunctional, the administrator has an extra glucometer which is brand new and available in the case of nonfunctional glucometer; when the extra meter is used another meter will be replaced and placed stock from this point forward

The physician(s) of residents #1 and #2 will be notified of the possibility of shared glucometer use and all recommendations made by the physician, such as testing for blood borne pathogen should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. -JRW 8/15/19

All staff persons who administer blood glucose tests will be retrained on proper testing procedures including each resident shall have their own glucometer, labeled with their name, and that no glucometers may be used on more than one resident. - JRW 8/15/19

The administrator or designated staff person who is trained to administer medications in accordance with 2600.190(a) and (b) shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of two months. Documentation of the observations shall be maintained by the home for Department review. -JRW 8/15/19

 8/15/19

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

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

Description of Violation

Resident #3 does not have a source of lighting that can be turned on/off from the bedside. The beside lamp was inoperable.

Repeat Violation: YES Date: 3/28/2019

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.)

Regulations 2600 101.j

Each resident shall have the following in the bedroom:

- 7. An operable lamp or other sour of lighting that can be turned on at bedside.

Home has a log of damaged items in home; the log states when item is discarded. Light has been replaced and picture taken of new lamp.

Administrator will check items in the home 2x's a week and ask residents to let administrator know immediately when anything is of a non-working status in the home.

All staff in the home will be directed to check bedside lighting daily as part of their regular duties. - JRW 8/15/19

Legal Entity Representative

Signature: *Shy Major*

Printed Name and Title: *Shy Major* Date: *6/25/19*

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 (Date) (Date)

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

Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

101r - Bedroom - shades/drapes/window covering

Regulations

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

There was an approximately 5 inch section of the window blind missing on the blind above the closet, in the room of residents' #4, and #5 and #6.

There were 4 sections of the window blind missing, approximately 5 inches in length per section, on the left window blind in resident #3's 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.)

Regulation -2600 101r
Bedroom -shades/drapes/window covering

All residents room were checked regarding window blinds. Administrator purchased new window blind for each room that needed new blinds (picture forwarded to State). From this point forward administrator will check log as well as performing a room check weekly to ensure that there are no damage blinds in residents' room.

Legal Entity Representative

Shy Major
Signature

Shy Major
Printed Name and Title
Adm

6/25/19
Date

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- Not Implemented

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home serves 11 residents requiring a minimum of 33 gallons of emergency drinking water; however, the home only has 30 gallons of water stored in the home.

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.)

Regulation 107c – Food/Water 3 Day Supply

Administrator purchased 6 more gallons of water to be used for emergency drinking water ONLY; staff has been informed not to use the stocked bottle water when home is out of bottled water. Water will be stored in area with large sign on water bottles that state water is emergency stock ONLY.

At least monthly - The administrator or designated staff person will monitor the home's water supply to ensure there are 3 gallons of water stored for the current number of residents in the home. - JRW 7/5/19

Legal Entity Representative

Shirley Mazon

Signature

Shirley Mazon ^{adm} ²⁵ *Dec 19*

Printed Name and Title

Date

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109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The most recent rabies vaccine for the home's cat, Tinkerbelle, was administered on 8/12/13.

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.)

Regulations 2600 109b – Rabies Vaccination

The most recent rabies vaccine for the home's cat, Tinkerbelle was administered on 8/12/13.

Administrator has taken cat to veteran's and had rabies shot updated for Tinkerbelle (note: sent copy of information to State). The rabies vaccination was administered on 4/7/19. - JRW 7/5/19

From this point forward Tinkerbelle's due date for next rabies shot will be texted to administrator via veteran 2 weeks before due date.

Legal Entity Representative

[Handwritten Signature]
Signature

[Handwritten Name and Title] *[Handwritten Date]*
Printed Name and Title Date

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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill held on 6/20/2018 indicates a drill was held at 10:00; however, it does not indicate if the drill was in the a.m. or p.m.

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.)

Regulations 2600.132.c.
Fire Drill Records

The fire drill records held by Sharon Fire department on 6/20/2018 was not checked by administrator for a.m. or p.m. recorded hours. From this point forward immediately after the lecture is given by fire department, administrator will check fire chief's record of time to ensure time listed is in compliance with regulation 2600.107 c

Legal Entity Representative

Sharon Major
Signature

Sharon Major
Printed Name and Title
Adm

6/25/19
Date

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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:

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.

Description of Violation

Resident #7 is ordered Acetaminophen 325 mg, every 8 hours as needed. This medication is not indicated on the resident's March 2019 medication administration record.

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.)

Regulations 2600 187.a.

From this point forward administrator will check that printouts on all residents' MARs reflect PRN both hard copy and computerized displays by ensuring that pharmacy has exact information that physicians has requested. Information will be checked during each weekly drop off day.

Legal Entity Representative

Shy Mays Friday
Signature

Shy Mays Friday
Printed Name and Title adm

6/25/19
Date


JW 7/5/19

187a - Medication Record *(continued)*

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251b - Record Entries Legible

Regulations

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used in the 'number of residents in the home' section of fire drill record dated 1/5/19, and the number 10 was written over the correction fluid.

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.)

Regulation 2600. 251.b

The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Correction fluid will not be used on documents from this point forward.

Correct fluid has been removed from the offices. Staff as well as administrator will no longer use correction fluid on any document.

Legal Entity Representative

Shirley Mazon Gentry
Signature

Shirley Mazon Gentry
Printed Name and Title
adm.

6/25/19
Date

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(Date)

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