



July 16, 2019

Ms. Jessica Saccarelli  
Personal Care Home Coordinator  
Peter Becker Community  
800 Maple Avenue  
Harleysville, Pennsylvania 19438

RE: Peter Becker Community  
1<sup>st</sup> Floor  
License #: 127730

Dear Ms. Saccarelli:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 25, 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 "Carolyn K. Ellison".

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

Enclosure  
Violation Report

### Violation Report

**Facility Information**

Name: *PETER BECKER COMMUNITY* License Number: *127730*  
 Address: *800 MAPLE AVENUE 1ST FLOOR, HARLEYSVILLE, PA 19438*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *JESSICA SACCARELLI* Phone: *2152569501* Email: *JSACCARELLI@PETERBECKERCOMMUNITY.COM*

**Legal Entity**

Name: *PETER BECKER COMMUNITY*  
 Address: *ATTN:DIRECTOR OF PERSONAL CARE 800 MAPLE AVENUE, PA, 19438*

**Certificate(s) of Occupancy**

Type: <i>C-1</i>	Date: <i>07/30/1974</i>	Issued By: <i>CWOPA DEPT OF L&amp;I</i>
Type: <i>I-1</i>	Date: <i>03/08/2011</i>	Issued By: <i>TOWNSHIP OF FRANCONIA</i>
Type: <i>I-2</i>	Date: <i>08/15/2012</i>	Issued By: <i>TOWNSHIP OF FRANCONIA</i>

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

**Inspection**

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

**Inspection Dates and Department Representative**

*04/25/2019 - On-Site: Tahesia Thomas, Dean Gray*

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: *68* Residents Served: *50*

Secured Dementia Care Unit

In Home: *Yes* Area: *LARKSPUR* Capacity: *11* Residents Served: *10*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>50</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>13</i>	Have Physical Disability: <i>0</i>

PETER BECKER COMMUNITY

127730

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video recording at the entrance and exit doors. However, the home does not have any sign notifying residents and/or visitors of the video recording on the premises.

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.)

Signs were ordered on 5/10/19 and will be placed at the entrances where visitors enter Peter Becker Community. Signs will be placed immediately upon receiving them.

The Administrator will ensure that the signage for video recording of the premeses remains in place at all times during a walkthrough of the facility. 5/30/19

AAA

Legal Entity Representative

Jessica Saccarelli PC Coordinator

Signature

Jessica Saccarelli PC Coordinator 5/17/19

Printed Name and Title

Date

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The above plan of correction is approved as of 5/30/19 (Date)

Plan of correction implementation status as of 5/30/19 (Date)

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

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

PETER BECKER COMMUNITY

127730

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

On 04/25/19, there was a uncovered and unattended dumpster in the rear of 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.)

On 4/25/19 the dumpster lid was open an unattended while staff were collecting trash to place in the dumpster. Peter Becker staff were educated on the importance of keeping the lid to the dumpster closed while unattended. PC Coordinator will check the dumpster area during rounds to check that proper procedure of keeping dumpster lids closed is being followed as part of quality management.

Legal Entity Representative

Jessica Saccarelli PC Coordinator

Signature

Jessica Saccarelli PC Coordinator 5/17/19

Printed Name and Title

Date

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(Initials)

- Fully Implemented
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PETER BECKER COMMUNITY

127730

103e - Left Overs

**Regulations**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*There was an unlabeled, undated opened bag of cooked chicken in the refrigerator. There was an undated pork loin in the freezer.*

**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 food items identified at the time of survey as unlabeled and undated were discarded immediately.
- 4/29/19 An established dating and labeling station with materials for labeling as well as charts defining use by dates for all foods was created.
- On-going documented In-service for all staff on labeling and dating procedures
- 4/29/19 Established Daily documented "Cooks Walk Thru" checklist to ensure all food items are properly labeled, dated and food is not stored beyond use by date.
- On-going- Food Service Director is to maintain completed checklists and to address through progressive corrective action any non-compliant checklists.

**Legal Entity Representative**

*Jessica Saccarelli PC Coordinator*

Signature

Jessica Saccarelli PC Coordinator 5/17/19

Printed Name and Title

Date

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The above plan of correction was approved by _____ (Initials)	<b>AAA</b>	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

PETER BECKER COMMUNITY

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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 conducted on 05/29/18 at 5:20 and 06/28/18 at 2:47 does not include AM or PM notation.

**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 fire drill log will have forms that have am/pm printed next to the time to be circled when performing a drill to eliminate the absence of am/pm during documentation. PC Coordinator will provide checks to ensure complete documentation as quality management.

**The Administrator or a designee will review completed fire drills form monthly to ensure compliance with the referenced reg. Staff will receive in-service on the cited reg. 5/30/19**

AAA

**Legal Entity Representative**

Jessica Saccarelli PC Coordinator  
Signature

Jessica Saccarelli PC Coordinator 5/17/19  
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

This medication, Ativan, was filled by the home on 02/21/19 for resident # 1. Per the directions of the prescriber, the medication should be discontinued in 14 days from the 02/21/19 fill date.

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.)

CRNP was required to write an order stating that the controlled substance above is required for stated resident and was required to be renewed every 14 days but, not discontinued. PC Coordinator spoke with CRNP and found she is not required to write the renewal orders for Personal Care residents. CRNP will no longer write order above as a renewal and have it written as PRN with no stop date. PRN Controlled substance order will be discontinued when resident has not used the medication in greater than 90 days.

**On receiving this POC, the Administrator or a designee will review/audit the MARS and medication carts weekly to ensure that residents get their prescribed medications; and that any discontinued medications are immediately subjected to the required policy/procedure for the same.**

**Administrator or a designee qualified to administer medications will provide oversight to staff on the use of resident's prescribed controlled substance medication. A weekly review of a PRN administered controlled substance medication will take place. Thus, the Administrator will ensure that staff follows the doctor's order and corresponding diagnoses when administering a PRN controlled substance med. A detailed documentation will take place when a PRN controlled substance med. is administered. All staff who administer PRN medications will be educated on the new PRN documentation requirements and the prohibition of chemical restraints or the administering medications to control a resident's behavior in PCHs.**

Legal Entity Representative

AAA 5/30/19

Jessica Saccarelli PC Coordinator

Jessica Saccarelli PC Coordinator 5/17/19

Signature

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231c - Preadmission Screening

**Regulations**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

Resident # 2 was admitted to the Secure Dementia Care Unit (SDCU) on 02/09/19. However, resident # 2's written cognitive preadmission screening was incomplete - specifically the box advising: "Based on this screening, I verify that the needs of this applicant require secured care due to Alzheimer's disease or other dementia".

**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.)

Pre-screening document was corrected immediately by checking off appropriate check box. PC Coordinator and PC Nurses provide frequent checks to ensure all required documents are filled out to completion. Staff will continue to review documents as they are completed to prevent missing information.

**Within 10 days of receiving this POC and quarterly thereafter, the Administrator or a designee will review the record for all residents admitted to the SDCU; to ensure that their respective record is accurate and reflects the most current level of care. Administrator, will develop a tracking sheet to prompt the need for updated information, such as pre-admission screening when a resident is being admitted to SDCU; and the same will be reviewed for completion. 5/30/19**

AAA

**Legal Entity Representative**

Jessica Saccarelli PC Coordinator

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Jessica Saccarelli PC Coordinator 5/17/19

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233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) - specifically the door to and from the patio.

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 doors to the enclosed courtyard are unlocked for residents during nice weather so they can go in and outdoors as they please. There are no directions to follow as the doors will open without having to enter a code or unlock them. The Code to the gate to exit the courtyard is placed near the gate as per regulation. The doors to the courtyard are able to be locked in bad weather by staff.

Directions to enter the building from the enclosed courtyard have been placed at the doors in the event the doors are locked as requested.

**The Administrator will ensure that the door locking device direction remains posted at all times during a routine walkthrough of the facility. 5/30/19**

A.A.A

Legal Entity Representative

Jessica Saccarelli PC Coordinator

Signature

Jessica Saccarelli PC Coordinator 5/17/19

Printed Name and Title

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