



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2019

Ms. Cheryl A. Austin
Administrator
Johnson Personal Care, LLC
1518 West Haines Street
Philadelphia, Pennsylvania 19126

RE: Johnson Personal Care Home
License #:143660

Dear Ms. Austin:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 14, 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 14366 - 02/14/2019 - Carrion, David
PCH Name: Johnson Personal Care

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 12/01/2018, Resident #1 had quarter of his right leg amputated. The home did not submit an incident report to the Department.

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.

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) Date
Cheryl Austin Administrator 3/13/19

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

The above plan of correction is approved as of 4/19/19
(Date)

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

Plan of correction implementation status as of 4/19/19
(Date)

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

2A

3/13/19

Violation 2600. 16(c)

Plan of Correction

Moving forward administrator will improve communication in reference to reporting any incident. Update and report any incident on current forms. Administrator will complete an inservice with all direct care staff within the next 30 days on how to complete an incident report, and submit reports to the designate department.

Cheryl Austin Administrator

3/13/19

Apr. 1. 2019 2:12PM

No. 4033 P. 5

Page 3 of 6

Violation Report: 14366 - 02/14/2019 - Carrion, David
PCH Name: Johnson Personal Care

1. REGULATION 56 Pa. Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
Staff person A, the home's administrator, completed only 9 hours of annual training in training year 2018.

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 Administrator only completed 9 hours of training in year 2018, and will need to complete additional 15 hours of training for the 2018 training year. Equally, Administrator will complete the 24 hours of required training for the year 2019. The Administrator will need to complete a total of 39 hours of training during the 2019 training year to be in compliance. The Administrator must complete or enroll in the trainings approved by the Department. Only half of the total required numbers of training shall be completed online. Administrator will develop a checklist to track the required training hours and thus ensure compliance with the cited reg. 4/19/19

A-AA

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) Cheryl Austin, Administrator Date 3/13/19

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

The above plan of correction is approved as of <u>4/19/19</u> (Date)	Plan of correction implementation status as of <u>4/19/19</u> (Date)
The above plan of correction was approved by <u>A-AA</u> (Initials)	<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

3A

3/13/19

Violation

2600 64(c)

Plan of Correction

Administrator will schedule and complete the required trainings throughout the upcoming year; To enhance my knowledge which can assist with supporting and providing better service to resident and staff.

Cheryl Austin Administrator

3/13/19.

Apr. 1. 2019 2:12PM

No. 4033 P. 6

Violation Report: 14366 - 02/14/2019 - Carrion, David
PCH.Name: Johnson Personal Care

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person's B and C did not receive training in The Older Adult Protective Services Act during training year 2018.

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.

Administrator will immediately ensure that staff persons B/C received the specified training in the cited regulation. Within 15 days of receiving this POC, and quarterly thereafter, the Administrator will audit all staff's training record to ensure that all are in compliance. Administrator or a designee will develop a checklist to track employee's required trainings and thus ensure continual compliance with the applicable regulations. 4/19/19

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)	Date
Cheryl Austin Administrator	3/13/19

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

The above plan of correction is approved as of 4/19/19
(Date)

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

Plan of correction implementation status as of 4/19/19
(Date)

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

HA

3/13/19

Violation

2600 65(G)

Plan of Correction

Administrator will make sure all direct care staff B and C receive the older adult protective services act training within the next 30 days.

Cheryl Austin Administrator 3/13/19

Violation Report: 14386 - 02/14/2019 - Carrion, David
PCH Name: Johnson Personal Care

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's last medical evaluation was completed on 02/06/18.

Resident #2's medical evaluation was completed on 02/02/18. The previous medical evaluation was completed on 01/04/18.

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.

Within 15 days of receiving this POC, the Administrator or a designee will audit all resident's record to ensure that all are in compliance with the cited reg. Administrator will create a checklist to track the due dates for the completing medical evaluation as specified in the cited reg. 4/19/19

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): Cheryl Austin Administrator Date 3/13/19

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

The above plan of correction is approved as of 4/19/19
(Date)

Plan of correction implementation status as of 4/19/19
(Date)

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

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

5A

3/13/19

Violation

2600 141 (b) (1)

Plan of Correction

Administrator will make sure resident appointment with physician is schedule and kept in advance to comply with the 2600 regulation.

Cheryl Austin Administrator

3/13/19

Apr. 1. 2019 2:12PM

No. 4033 P. 6

Violation Report: 14366- 02/14/2019 - Carrion, David
PCH Name: Johnson Personal Care

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There is no pre-admission screening form for resident #3, admitted on 10/25/18.

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.

Administrator or designee will create a check list that will prompt the need to complete a pre-admission screening form as required and specified in the cited reg. 4/19/19

A.A.A

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): Cheryl Austin Administrator

Date 3/13/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/19/19
(Date)

Plan of correction implementation status as of 4/19/19
(Date)

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

The above plan of correction was approved by A.A.A
(Initials)

GA

3/13/19

violation
2600 224(a)

Plan of correction

Administrator discover the completed pre admission screening form in a folder label to be filed. Administrator will be more vigilant when placing documents in resident chart.

Cheryl Austin Administrator

3/13/19