



July 26, 2019

Ms. Aundrea Leonard
Partner/Owner
Elite Care Group LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038
License #214770

Dear Ms. Leonard:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 16, 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".

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

Enclosure
Violation Report

Violation Report

Facility Information

Name: LIZA'S HOUSE

License Number: 214770

Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name: Rachael Skorinko

Phone: 6107601970

Email: rskorinko2@gmail.com

Legal Entity

Name: ELITE CARE GROUP LLP

Address: 125 TREYMORE COURT, NJ, 08534

Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/24/1999

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 27

Waking Staff: 20

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

05/16/2019 - On-Site: Vanessa Mendez , Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 20

Residents Served: 20

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 20

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 7

Have Physical Disability: 1

LIZA'S HOUSE

214770

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

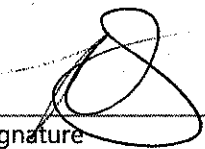
The home did not have a valid Certificate of Boiler or Pressure Vessel Operation issued by the PA Department of Labor and Industry. The home's boiler certificate expired on 05/09/19.

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.)

- 1) This regulation is important to maintain the safety of the residents due to boiler failure, and water maintain safe and comfortable water temperatures for our residents.
- 2) This violation was received because the date of inspection was 5/16/19 and the boiler certificate had expired on 5/9/19.
- 3) The Department of Labor and Industry was contacted as the boiler had been inspected on 1/23/2019 and a new certificate was not received.
- 4) Upon contacting the Department of Labor and Industry, the facility was told the inspector who came to the facility on 1/23/2019 was no longer with the company. The new inspector was contacted and facility was told he would have to "look into" the problem. Follow up was done on 6/3/2019 and the inspector came to re-inspect the boiler. Inspector was emailed on 6/6/19 for follow up. On 6/10/19 Administrator received an email from inspector saying all was well and certificate will be mailed out (attachment 1).
- 5) In order to prevent future occurrences, maintenance and administration will be more diligent in contacting The Department of Labor and Industry starting at an earlier date.
- 6) Ongoing monitoring will be done by maintenance and administration.

Legal Entity Representative


Signature

Rachael S. Skerinko, Administrator 6/14/19
Printed Name and Title Date

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The above plan of correction is approved as of 7-3-19
(Date)

Plan of correction implementation status as of 7-3-19
(Date)

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

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

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LIZA'S HOUSE

214770

26a - Quality Management Plan

Regulations

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

Per the home's quality management plan, it is indicated that a team will meet twice a year to discuss and review the management plan. The home conducted 1 quality management plan meeting in 2018 on 08/20/18. The home is not implementing its own quality management plan.

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.)

- 1) This regulation is important because regular quality management meetings help ensure issues any problems in the home are being addressed whether those be care, maintenance or other management issues.
- 2) This violation was received because although an annual quality management meeting was held, the internal policy states meetings will happen twice a year.
- 3) Quality Management is an ongoing process. There are frequent meetings and conversations but formal minutes were only taken once from August 2017- August 2018.
- 4) Although quality management is an ongoing process and conversation, Administration did not take formal minutes often enough.
- 5) Going forward, minutes will be taken and the quality management binder will be updated more frequently.
- 6) Administration will monitor for ongoing compliance.

** Immediately and Ongoing:

The Quality Management Plan shall be implemented twice a year, as per the home's policy. Documentation of the review of the required areas shall be maintained by the home and made available to the Department upon requested. 7-3-19 MM

Legal Entity Representative



Signature

Michael S. Skovinko Administrator 6/14/19

Printed Name and Title

Date

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LIZA'S HOUSE

214770

52 - Hiring Staff

Regulations

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons 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) and other applicable regulations.

Description of Violation

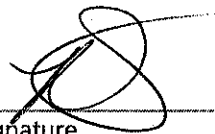
Staff person A was hired on 11/05/17 and had a criminal background check completed on 01/07/18. This is past the allowed 30 days an employee may be hired pending for a Pennsylvania State Police check per the Older Adult Protective Services Act.

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.)

- 1) This regulation is important for the welfare and safety of the residents.
- 2) A background check was missed for an employee hired on 11/7/2017. The background check was completed as soon as it was noted to be missing on 1/7/2018
- 3) The background check was completed as soon as it was noted to be missing on 1/7/2018.
- 4) The employee orientation and hiring process for this particular employee took place during the transition of administrators.
- 5) To prevent future occurrences, background checks will be completed upon hire and audits of the employee files will be completed 15 days after hire. An audit form has been compiled (attachment 2) to be completed with each new hire file.
- 6) Administration will monitor for ongoing compliance.

Legal Entity Representative



Signature

Michael S. Skarinko Administrator 6/14/19

Printed Name and Title

Date

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LIZA'S HOUSE

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was lint found in the dryer of the home's laundry 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.)

- 1) This regulation is important to prevent fires and reduce the risk of hazards with-in the home.
- 2) The violation was received because there was a small amount of lint on the lint trap.
- 3) The administrator immediately removed the lint from the trap.
- 4) This violation happened because a staff member emptied the drier but had not cleaned off the lint trap.
- 5) Staff was reeducated on how the importance of emptying the lint trap immediately after emptying the dryer. Signs have been placed in the laundry room as an added reminder. A special lint hose attachment has also been purchased by the home to ensure there is no lint down farther in the trap.
- 6) Administrator and maintenance will monitor for ongoing compliance

Legal Entity Representative



Signature

Rachael S. Skarinko Administrator 6/14/19

Printed Name and Title

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LIZA'S HOUSE

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

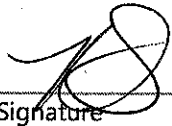
There was a Geritrex anti-itch lotion found in the med cart for resident #1. Resident #1 is no longer prescribed this medication.

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.)

- 1) This regulation is important to ensure the health of the residents residing in the personal care home.
- 2) This violation was received because there was a medication in the cart, labeled with the residents name, that was not currently prescribed for that resident.
- 3) The medication was immediately removed from the cart. An audit of the PRN medications was completed on 5/22/19 with the pharmacy.
- 4) The reason this violation was received was the medications were not thoroughly checked upon the resident's admission on 5/8/19.
- 5) In order to prevent this from occurring again, staff will have to complete a form (attachment 3) which will detail the medication information and if any follow up needs to be done. This will then be given to the administrator for review and future follow up if needed.
- 6) Administrator will monitor for ongoing compliance.

Legal Entity Representative


Signature

Rachael S. Skovinko Administrator 6/14/19
Printed Name and Title Date

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed Acetaminophen 500 mg as needed. The instructions on the Medication Administration Record (MAR) instruct to take 1 tablet every 8 hours. The label instructs to take 2 tablets twice daily. The dosage instructions on the label did not match the dosage instructions on the MAR.

Repeat Violation: 05/24/18

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.)

- 1) This regulation is important for the health and safety of the residents. It is important that medications are given as prescribed by a physician in order to prevent interactions and other side effects.
- 2) This violation was received because medications were not labeled to correctly match the MAR.
- 3) The Tylenol label on the cards was updated to match the order that had been profiled into the MAR by the pharmacy.
- 4) This violation was received because the medications were not thoroughly checked upon the resident's admission on 5/8/19.
- 5) In order to prevent this from occurring again, staff will have to complete a form (attachment 3) which will detail the medication information and if any follow up needs to be done. This will then be given to the administrator for review and future follow up if needed.
- 6) Administrator will monitor for ongoing compliance.

Legal Entity Representative

Signature

Rachael S. Skorinko Administrator

Printed Name and Title

6/19/19

Date

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LIZA'S HOUSE

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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:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

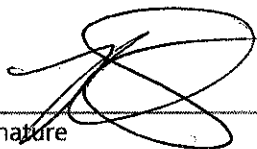
Resident #1 is prescribed Sertraline HCL 100 mg daily. On the resident's Medication Administration Record, it states the purpose of this medication is for Depression. On the resident's medication label, it states this medication is for Anxiety. The purpose of this medication is unclear.

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.)

- 1) This regulation is important to ensure residents are receiving medications for the proper reasons.
- 2) This violation was received because the diagnoses on the MAR did not match the diagnosis on the label on the card.
- 3) The label on the medication card was updated to match the diagnoses of the most recent order profiled by the pharmacy.
- 4) This violation was received because the medications were not thoroughly checked upon the resident's admission on 5/8/19.
- 5) In order to prevent this from occurring again, staff will have to complete a form (attachment 3) which will detail the medication information and if any follow up needs to be done. This will then be given to the administrator for review and future follow up if needed.
- 6) Administrator will monitor for ongoing compliance.

Legal Entity Representative



Signature

Rachael S. Skowirko Administrator 6/14/19

Printed Name and Title

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LIZA'S HOUSE

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

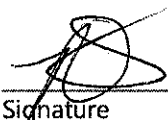
On 12/19/18, resident #2 had a change in condition and was referred for hospice services. The RASP dated 12/21/18 did not include the diagnosis for hospice services, what specific services, or how often the services were prescribed for the resident.

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.)

- 1) This regulation is important to provide consistency in care for the residents.
- 2) This violation was received because the resident was admitted to hospice and significant change RASP was done, noting the significant change was the admission to hospice. It did not state, along with that information, that the admission to hospice was for dementia the frequency of the visits of the hospice aid was not stated.
- 3) The RASP was updated to add the additional information requested by the department.
- 4) This violation was received because the RASP was not specific enough in detailing the services a resident is receiving.
- 5) Going forward, all significant change RASP's will include the information requested by the department. There will be more detail about the resident's condition clearly stated.
- 6) Administer will monitor for ongoing compliance.

Legal Entity Representative



Signature

Rachael S. Skovitz Administrator

Printed Name and Title

6/14/19

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