



pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 26, 2019

Ms. Jessica Scheffner
Administrator/Secretary of Corporation
Mrs. Bush's Personal Care Home, Inc.
PO Box 327, 302 Kunkletown Road
Kunkletown, Pennsylvania 18058

RE: Mrs. Bush's Personal Care Home I
License #: 228350

Dear Ms. Scheffner:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 6, 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 "Carolyn K. Ellison", written in a cursive style.

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

Enclosure
Violation Report

Violation Report

Facility Information	
Name: <i>MRS BUSH'S PERSONAL CARE HOME I</i>	License Number: <i>228350</i>
Address: <i>PO BOX 327 302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058</i>	
County: <i>MONROE</i>	Region: <i>NORTHEAST</i>

Administrator		
Name: <i>Jessica Scheffner</i>	Phone: <i>6103813713</i>	Email: <i>JESS@MRSBUSHCARES.COM</i>

Legal Entity	
Name: <i>MRS BUSH'S PERSONAL CARE HOME INC</i>	
Address: <i>PO BOX 327 302 KUNKLETOWN RD, KUNKLETOWN, PA, 18058</i>	

Certificate(s) of Occupancy		
Type: <i>I-2</i>	Date: <i>03/09/2014</i>	Issued By: <i>ElderD Twp.</i>
Type: <i>C-2 LP</i>	Date: <i>10/10/1995</i>	Issued By: <i>PA L&I</i>
Type: <i>C-2 LP</i>	Date: <i>04/13/1989</i>	Issued By: <i>PA L&I</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>70</i>	Waking Staff: <i>53</i>

Inspection		
Type: <i>Full</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Renewal</i>		

Inspection Dates and Department Representative	
<i>06/06/2019 - On-Site: Ann O'Haire, Gerald Dumas</i>	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>70</i>		Residents Served: <i>62</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>5</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>62</i>	
Diagnosed with Mental Illness: <i>0</i>		Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: <i>8</i>		Have Physical Disability: <i>0</i>	

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

During the initial walk through on the date of inspection, the narcotic count log marked west wing was observed lying out, unattended on top of a medication cart. This log contained name of residents, identified prescribed narcotic medications and stated the amount of medication the residents had on hand.

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.)

For immediate correction the narcotic log book was placed inside the locked med cart; the involved/responsible medication aide was counseled regarding confidentiality of resident records and procedures to maintain confidentiality were reviewed. The administrator and nursing supervisors are responsible for ensuring all staff maintain resident confidentiality, by way of visual inspections and verbal instruction regularly.

Legal Entity Representative

Signature *Jessica Scheffner*

Printed Name and Title *Jessica Scheffner, Administrator* Date *7/3/19*

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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 MM (Initials)

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

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 persons "A" and "B" who were identified as administrators' at the facility both had 24 hours of annual administrative training hours for the training year 2018, however all training hours were completed on line. Annual administrator's training hours requires 12 hours of annual training to be completed in live presentations.

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.)

Effective for the 2019 training year, both the administrator and assistant administrator shall attend at least 12 hours of live presentation training. The administrator is responsible to ensure ongoing compliance with this regulation by reviewing/approving scheduled inservices for the 24-hour/year training requirement.

Immediately & Ongoing:

The administrator (staff A & B) will have (12 missing hours- in-person) of training from a source approved by the Department for training year 2018. The administrator will have at least 24 hours of training from a source approved by the Department for training year 2019. All documentation of training shall be maintained by the home and available for review by the department.

Legal Entity Representative Training shall be completed by 12-31-19 and available for review by the department.

7-9-19 MM

Handwritten signature of Jessica Scheffner

Signature

Handwritten name and title: Jessica Scheffner, Administrator

Printed Name and Title Date

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

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- Implementation status checkboxes: Fully Implemented, Partially Implemented - Adequate Progress (checked), Partially Implemented - Inadequate Progress, Not Implemented

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 10:10 a.m. the west end annex emergency door was blocked by a Geri Chair. Emergency exits must be free of obstacles which prevent the immediate access out of the building in the event of a fire or emergency.

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.)

For immediate correction the geri chair was relocated away from the exit door. The geri chair was not a permanent furnishing in that spot - a hospice aide had temporarily wheeled it there. Hospice staff were instructed on keeping egress routes clear + unobstructed. The administrator and nursing supervisors will ensure ongoing compliance by way of daily visual inspections.

Legal Entity Representative

Jessica Schuffner
Signature

Jessica Schuffner, 7/3/19
Printed Name and Title Administrator Date

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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 MM
(Initials)

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

144c2 - Smoking Area Distance

Regulations

2600.

144.c.2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

During the initial walk through, evidence of smoking in a non-designated smoking area was observed outside the emergency exit located to the right front nearest to the fountain. Approximately 10 cigarette butts was observed lying on the ground near the door.

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.)

For immediate correction the area was cleaned up + cleared of smoking debris. A memo was posted at the exit indicating that this is not a designated smoking area. The administrator and nursing supervisors will ensure ongoing compliance by way of daily visual inspections.

Legal Entity Representative

Jessica Scheffner

Signature

Jessica Scheffner, 7/3/19

Printed Name and Title

Administrator Date

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- Partially Implemented - Inadequate Progress
- Not Implemented