



November 4, 2019

Ms. Elaine R. Swartz
Owner
Orrstown Personal Care Home
3329 Orrstown Road
Orrstown, Pennsylvania 17244

RE: Orrstown Personal Care Home
Certificate #: 309380

Dear Ms. Swartz:

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

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: *ORRSTOWN PERSONAL CARE HOME*
Address: *3329 ORRSTOWN ROAD, ORRSTOWN, PA 17244*
County: *FRANKLIN* Region: *CENTRAL*

License Number: *30938*

Administrator

Name: *Elaine Swartz* Phone: *7175308700* Email: *OPCH3329@CENTURYLINK NET*

Legal Entity

Name: *ORRSTOWN PERSONAL CARE HOME*
Address: *3329 ORRSTOWN ROAD, ORRSTOWN, PA, 17244*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/29/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection

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

Inspection Dates and Department Representative

07/25/2019 - On-Site: Douglas Hoover, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *26*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

132h - Designated Meeting Place

Regulations

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Two residents who were receiving hospice services were not evacuated during the fire drills on 5/22/2019 at 5:45 am and 6/27/2019 at 9:25 am.

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 the future all residents will be evacuated during a fire drill regardless of Hospice status. Despite having documentation for our Hospice residents it was not adequate/appropriate. In order to avoid any future confusion All residents will be evacuated. Staff has already been educated Regarding this change.

Legal Entity Representative



Signature

Elaine Swartz Administrator 8/9/19

Printed Name and Title

Date

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

The above plan of correction is approved as of

9/25/19
(Date)

Plan of correction implementation status as of

9/25/19
(Date)

The above plan of correction was approved by

GE
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Elestat, 0.05% eye drops were not given to Resident #1 on 7/20/2019 because it was not available.

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.)

Staff will order all eye drops at least 7days prior to refill date so that there is adequate time to follow up and be sure it is available from the pharmacy. In the event it is unavailable the physician will be notified of missed dose and documentation of such will be placed on the back of the MAR. Staff has been educated on this procedure

Legal Entity Representative

Elaine Swartz
Signature

Elaine Swartz Administrator 8/1/19
Printed Name and Title Date

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

The above plan of correction is approved as of	9/25/19 (Date)	Plan of correction implementation status as of	9/25/19 (Date)
		<input type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	GE (Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	