



**Mailing Date: January 3, 2020**

Ms. Carolyn Arotin,  
Owner/Administrator  
Arotin's Hummingbird Estate Inc.  
400 Park Avenue  
Patton, Pennsylvania 16668

RE: Arotin's Hummingbird Estate  
Certificate #: 333070

Dear Ms. Arotin:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 10, 2019 of the above facility, we have determined that your submitted plan of correction is implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: AROTIN'S HUMMINGBIRD ESTATE

License Number: 33307

Address: 400 PARK AVENUE,, PATTON, PA 16668

County: CAMBRIA

Region: CENTRAL

## Administrator

Name: Carolyn Arotin

Phone: 8145238195

Email:

## Legal Entity

Name: AROTINS HUMMINGBIRD ESTATE INC

Address: 400 PARK AVENUE, PATTON, PA, 16668

## Certificate(s) of Occupancy

Type: R-4

Date: 01/03/2017

Issued By: Cambria/Somerset COG

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 13

Waking Staff: 10

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

10/10/2019 - On-Site: Laura Heemer, Mike Palermo

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 15

Residents Served: 11

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 1

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 11

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 0

*Carolyn Arotin*  
10-25-19

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

During interviews, a staff member of the home stated that Resident 1 has a new glucometer and the glucometer that was previously used by Resident 1 is now being used to test the blood sugars of other residents when the other residents' glucometers are malfunctioning. Based upon the memory, Resident 1's old glucometer had been used on 10/7/2019 and 10/6/2019. These dates are after Resident 1 started using the new glucometer.

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.)

Attached

Page 2A

Legal Entity Representative

*Carolyn Arot*  
Signature

*Carolyn Arotin Administrator*  
Printed Name and Title

Date  
*10-25-19*

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

The above plan of correction is approved as of 11/18/2019 (Date) Plan of correction implementation status as of 1/3/2020 (Date)

Implemented

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

Not Implemented

AROTIN'S HUMMINGBIRD ESTATE

85a – Sanitary Conditions

Regulations

2600

85.a . Sanitary condition shall be maintained.

PLAN OF CORRECTION:

We keep an extra glucometer locked up in the med room. (new not opened) to be used if a residents glucometer is not working.

We will replace the one with the new one and depose of the old one. It will be at cost of the resident.

We had an in service with the med staff and reviewed the regulations on glucometers, lancets, and giving insulin. We will continue to do this annually and prn. Retraining was completed on 10/15/19.

Carolyn Arotin



10/25/2019

The home will review all of the glucometers to ensure that each glucometer is labeled to identify the specific resident it is to be used upon. This review will be completed by 11/8/19.

Each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) will be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. The notification to the physician(s) will be completed by 11/15/19 and documentation of this notification will be sent to the Department.

The Administrator will audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for the residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of four weeks to be completed by 12/20/19. Documentation for the completion of these audits will be provided to the Department.

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The home did not complete an initial assessment for Resident 2 within 15 days of the resident's admission 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.)

Attached

Page 3A

Legal Entity Representative

*Carolyn Arotin*  
Signature

Carolyn Arotin Administrator  
Printed Name and Title

10-25-19  
Date

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

The above plan of correction is approved as of 11/18/2019 Plan of correction implementation status as of 1/3/2020  
(Date) (Date)

Implemented

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

Not Implemented

AROTIN'S HUMMINGBIRD ESTATE

225a – Assessment 15 days

Regulations

2600

225.a.

PLAN OF CORRECTION:

The home will do the assessment the first week the resident comes and the support plan within the 30 days.

The administrator will complete an audit of all resident files to ensure a current assessment has been completed. The audit and completion of any new assessments will be completed by 11/15/17. The administrator will develop and implement a tracking system for new admissions to ensure the initial assessment is completed within the first 15 days. Documentation of the audit will be provided to the Department.

Carolyn Arotin

A handwritten signature in cursive script, appearing to read "Carolyn Arotin". The signature is written in black ink and is positioned below the typed name.

10/25/2019