



MAILING DATE: October 24, 2019

Ms. Christine Makowiecki
Owner / Administrator
H and M Personal Care Home, Inc.
3700 42nd Avenue
New Brighton, Pennsylvania 15066

RE: H&M Personal Care Home
590 Boggs School Road
Moon Twp., Pennsylvania 15108
Certificate #: 448480

Dear Ms. Makowiecki:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 11, 2019, the above facility, we have determined that your submitted plan of correction is:

Fully implemented and in compliance. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
<Licensing Inspection Summary>

Violation Report

Facility Information

Name: *H & M PERSONAL CARE HOME*
Address: *590 BOGGS SCHOOL ROAD,, MOON TOWNSHIP, PA 15108*
County: *ALLEGHENY* Region: *WESTERN*

License Number: *44848*

Administrator

Name: *Christine Makowiecki* Phone: *7244577398* Email: *HMPERSONALCAREHOME@GMAIL.COM*

Legal Entity

Name: *H AND M PERSONAL CARE HOME INC*
Address: *3700 42ND AVENUE, NEW BRIGHTON, PA, 15066*

RECEIVED

OCT 21 2019

Western Region

Certificate(s) of Occupancy

Type: *Other* Date: *07/25/1983* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection

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

Inspection Dates and Department Representative

10/11/2019 - On-Site: Josh Hoover, Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

25c2 - Fee Schedule

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation


The resident-home contract for resident #1, dated 3/14/2019, indicates a monthly charge of \$2000.00 for room, board, and services. In July 2019, resident #1 became eligible for Supplemental Security Income (SSI) with a monthly rate of \$1145.30 per month. The resident's contract was not updated to reflect the rate change.

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.)

As described in the Violation above regarding 2600.25c, on October 11, 2019 the Violation was corrected immediately. As the Administrator of H&M PCH I updated the Cover sheet to [redacted] Contract indicating the current amount of Rent she pays, Also stating the daily rate and her Allowance. After the change was made the contract was again read and explained to the resident of the reason for change she then signed the newly structured contract. An addendum was also formed for her knowledge of the date in which this change occurred. To prevent this violation from happening in the future, I will state more clearly in my addendums date and totals of change in more detail. (pics included)

Legal Entity Representative



Signature

Christine Makowiecki / Home Administrator
 Printed Name and Title
 Date 10/17/19

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

The above plan of correction is approved as of 10/21/19
 (Date)

Plan of correction implementation status as of 10/21/19
 (Date)

Implemented

The above plan of correction was approved by [Handwritten Initials]
 (Initials)

Not Implemented

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometer for resident #1 was not calibrated to the current date and time.

Resident #2 is ordered Temazepam 15 mg, take 1 capsule daily at bedtime as needed. The controlled substance count sheet for this medication indicated that there were 20 doses remaining; however, there were only 6 doses remaining on 10/11/19.

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.)

The above violation was corrected on 10/11/19 during the inspection. The glucometer was calibrated in front of inspectors. As the administrator I will check all glucometers weekly to make sure no lapse of time decalibrates the glucometers and batteries are sufficiently charged. Resident #2 violation was reported, investigated and a new med count protocol was implemented and explained to trained staff members. Moon Police officer Michael Barravecchio filed the report of missing medication on 10/11/19 in front of inspectors and an incident report was filed with the western Regional office. To prevent this from happening in the future a new med count procedure was implemented and will be double checked daily. (Picture included)

Legal Entity Representative


Signature

Christine Makowiecki, Home Administrator
Printed Name and Title


Date 10/17/19

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(Date)

Plan of correction implementation status as of 10/21/19
(Date)

Implemented

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(Initials)

Not Implemented

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment for resident #3, dated 3/8/2019, does not include the diagnoses of Anxiety or GERD, as indicated in the medical evaluation dated 3/8/2019. Also, the assessment is blank in the areas of group activities, and religious affiliation.

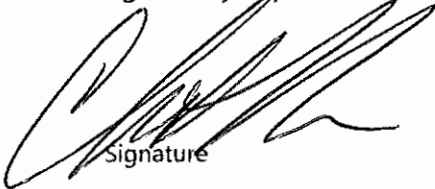
Plan of Correction (POC)

(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 Violation above was corrected on 10/11/19 immediately following the inspection. The diagnosis of GERD and Anxiety were added to the Rasp and explained to resident on why they were added. Also the group activities and religious affiliated sections were filled out in more detail to give our staff a better explanation what our residents interests are. To prevent this from happening again, me as the administrator will understand that this is for the staff to better understand our residents and double check the spaces left blank and try to the best of my ability to explain such things in more detail.

(Pic included)

Legal Entity Representative



Signature


Christine Makowiecki, Home Administrator 10/17/19
 Printed Name and Title Date

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Plan of correction implementation status as of 10/21/19 (Date)

Implemented

The above plan of correction was approved by  (Initials)

Not Implemented

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #3, dated 3/8/2019, is not signed by the assessor or by 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.)

The Above Violation was corrected on 10/11/19. After the corrections were made to the Assessment, it was then discussed and explained to the resident. After the explanation was given to the resident I, the administrator signed the assessment in front of the resident. Although the resident is fairly non verbal she understands when anything is explained to her, The Resident is unable to produce a signature but will "Mark" any papers needing signed. Her mark was then placed on the support plan. To prevent this from happening again, a check mark procedure will be implemented and the assessor will check and double check all forms for proper completion. (Pic included)

Legal Entity Representative

[Handwritten Signature]

Signature

Christine Makowiecki, Home Administrator 10/17/19

Printed Name and Title

Date

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Plan of correction implementation status as of 10/21/19 (Date)

Implemented

The above plan of correction was approved by *[Handwritten Initials]* (Initials)

Not Implemented