



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: jess@mrsbushcares.com
MAILING DATE: March 5, 2020

Ms. Jessica Scheffner
Administrator
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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 15, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *MRS. BUSH'S PERSONAL CARE HOME I*

License Number: 22835

Address: *PO BOX 327,302 KUNKLETOWN ROAD,, KUNKLETOWN, PA 18058*

County: *MONROE*

Region: *NORTHEAST*

Administrator

Name: *Jessica Scheffner*

Phone: *6103813713*

Email: *JESS@MRSBUSHCARES.COM*

Legal Entity

Name: *MRS. BUSH'S PERSONAL CARE HOME, INC.*

Address: *PO BOX 327, 302 KUNKLETOWN RD, KUNKLETOWN, PA, 18058*

Certificate(s) of Occupancy

Type: *1-2*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *68*

Waking Staff: *51*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint,Incident*

Inspection Dates and Department Representative

10/15/2019 - On-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70*

Residents Served: *59*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *59*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *9*

Have Physical Disability: *0*

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 9/1/19 Resident #1 was being transported in the residents wheelchair by an employee of the home. The resident fell out of the wheelchair while being transported. Interviews with the home's staff indicated that the foot rests were not attached to the wheelchair at the time, and the staff member pushing Resident #1 was rushing to get the resident to lunch. The staff member failed to provide the goods or services which are necessary to maintain the residents physical health.

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.)

Mrs. Bush's PCH is addressing the above violation in the following ways:

1. On 9/24/19 a staff inservice was conducted on the topic of "Gerontology + ADL's". Staff were instructed on wheelchair safety at this time.
2. Beginning in March 2020 the in-house therapy company (H2 Health) will be conducting scheduled trainings with new staff or those identified as needing additional safety training. The trainings will focus on body mechanics, transfer techniques + the use of assistive devices. These trainings will be coordinated, documented + overseen by the Asst. DON. (continued on attached page).

Legal Entity Representative

Jessica Scheffner
Signature

Jessica Scheffner, Administrator 2/21/20
Printed Name and Title Date

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The above plan of correction is approved as of 3-2-2020
(Date)

Plan of correction implementation status as of 3-2-2020
(Date)

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

- Fully Implemented
- ~~Not Implemented~~
- ~~Not Implemented~~
- Not Implemented

Mrs. Bush's PCH I
Continued POC for 2600.42.b.

3. Visual reminders are posted in staff areas regarding the use of leg rests / foot pedals on wheelchairs when residents are transported from one location to another.
4. A new policy and procedure for Use of Manual Wheelchairs has been drafted. It will be reviewed with all staff at the upcoming meeting on Mon. 2/24/20. It will be signed off by all staff that they have reviewed and understand the policy + procedure. The Asst. DON will maintain documentation. The policy and procedure will be inserted into the New Employee Orientation Training Manual effective March 1, 2020 for all new employees. It will be kept in the "Safe Management Techniques" section that all staff are trained on. The Policy and Procedure is attached for review.
5. Administrator and Nursing Supervisory staff are responsible for observing compliance by staff and residents with this procedure on an ongoing basis.

Jessica Schiffer
2/21/20

3-2-2020 ag

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's DME dated 5/30/19 did have anything noted for body positioning.

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 DME for resident #1 was not able to be corrected as resident #1 no longer resides as a current resident. For future and ongoing compliance the Director of Nursing and the Administrator will both conduct reviews of DME's upon completion/receipt to ensure all fields have been completed/documentated or take action to have them completed.

Legal Entity Representative

Jessica Schefner
Signature

Jessica Schefner, Administrator 2/21/20
Printed Name and Title Date

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(Initials)

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- ~~Not Implemented~~
- ~~Partially Implemented~~
- Not Implemented