



Sent via e-mail: Kamenos.rachelle@gmail.com

MAILING DATE: January 31, 2020

Ms. Rachelle A. Kamenos
Owner/Administrator
Respicenter Incorporated
229 Cumberland Avenue
Waynesburg, Pennsylvania 15461

RE: Respicenter Incorporated
545 West High Street
Waynesburg, Pennsylvania 15370
Certificate #: 449520

Dear Ms. Kamenos:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 17, 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 "Jody Garvey". The signature is written in a cursive, flowing style.

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

RECEIVED

12/30/19

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: *RESPICENTER INCORPORATED*

License Number: *44952*

Address: *545 WEST HIGH STREET, WAYNESBURG, PA 15370*

County: *GREENE*

Region: *WESTERN*

Administrator

Name: *Rachelle Kalsey*

Phone: *7248521300*

Email: *KAMENOS.RACHELLE@GMAIL.COM*

Legal Entity

Name: *RESPICENTER INCORPORATED*

Address: *229 CUMBERLAND AVENUE, WAYNESBURG, PA, 15461*

Certificate(s) of Occupancy

Type: *I-2*

Date: *04/05/2010*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *21*

Waking Staff: *16*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

10/17/2019 - On-Site: Laurie Garrigan, Michael Marini

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20*

Residents Served: *20*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *8*

Are 60 Years of Age or Older: *16*

Diagnosed with Mental Illness: *10*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *1*

Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 10:53 a.m., the current Licensing Inspection Summary, dated 12/14/18, was not posted in a conspicuous and public place in the home.

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.)

- On 10-17-19 with inspectors present on-site, Administrator immediately put copy of the 12-14-18 Inspection Summary in main lobby in a visible / conspicuous place, right under current license hanging on the wall in main lobby area across from front door.
- Administrator educated all staff on 10-18-19 that copy of Inspection Summary Report must remain in this place at all times and is never to be removed.
- Administrator will be responsible for checking + ensuring placement of Summary Report in designated area as stated above about weekly every Monday starting 10-21-19 with checklist completed and ongoing every week.
- Please see attached pictures to verify placement and attached checklist

Legal Entity Representative

Rachelle Kalsey
Signature

Rachelle Kalsey RN owner/admin 12-30-19
Printed Name and Title Date

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

The above plan of correction is approved as of 1/2/20
(Date)

Plan of correction implementation status as of 1/23/20
(Date)

The above plan of correction was approved by *RK*
(Initials)

Fully Implemented

Not Implemented

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Influenza Awareness Act, effective July 2016, states that "Each facility shall ensure that the required influenza information is posted in a public place in the facility year-round." However, at 10:53 a.m., there was no influenza awareness poster posted in the home.

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.)

- On 10-17-19 at 10:53 AM, administrator printed the Influenza poster with inspector on-site and placed poster on entry way table in main lobby by front door in plastic frame to protect it.
- On 10-18-19, Administrator educated staff and residents the reason and importance of poster and has to remain present and visible in this designated area year round.
- administrator's of facility must check + verify that Influenza poster is present + visible in the designated area as stated above starting 10-21-19 every week on Monday with checklist completed weekly and ongoing.
- please see attached picture to see placement and attached checklist.

Legal Entity Representative

Rachelle Kalusey
Signature

Rachelle Kalusey (PN) owner / Admin
Printed Name and Title *12/30/19*
Date

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

The above plan of correction is approved as of 1/2/20
(Date)

Plan of correction implementation status as of 1/23/20
(Date)

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

Fully Implemented

Not Implemented

57a - Designee Present/Age

Regulations

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 10/10/19, 10/11/19, 10/12/19 and 10/13/19 between 7:00 a.m. and 11:00 p.m. at least 19 residents were present in the home and there was no staff person 21 years of age or older serving as the designee in the home. Direct care staff person A, who is 20 years old, worked alone in the home on these dates.

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.)

- On 10-17-19 administrator immediately called other staff members with inspectors present and made scheduling changes and removed staff member A from remainder of current schedule. Administrator was able to switch scheduling around all shifts & days covered by staff member 21 or older.
- On 10-18-19 Administrator called emergency staff meeting was able to switch days and shifts around. Staff member A will only be on the schedule on days and times when administrator or staff member 21 or older in building.
- Staff person A's schedule will remain this way until her 21st Birthday in May 1st 2020. Administrator's make the schedules.
- Please see attached schedules

Legal Entity Representative

Rachel K Halsey RN
Signature

Rachelie K Halsey LPN, owner
Printed Name and Title Admin. Date 12-12-19

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

The above plan of correction is approved as of 12/24/19
(Date)

Plan of correction implementation status as of 12/24/19
(Date)

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

Fully Implemented

Not Implemented

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 6/13/18.

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.)

- 10-30-19 administrator was able to get local Fire Chief to talk on phone to make another attempt to get him to do inspection/drill.
- On 11-1-19 administrator confirmed with DHS office had correct forms to be used.
- On 11-4-19 Fire Chief came to do fire inspection/observed Fire Drill - Please see attached paperwork
- On 11-4-19 administrator was able to get Fire Chief to agree they would be back next year in proper time frame and they confirm annually.
- Administrator also contacted all Greene County Fire Depts, Greene County Emergency Disaster office, Greene County Commissioner, zoning office, State Police Fire Marshall and State Rep. Pam Snyder to make all government offices aware of importance for local fire dept. has to do this ongoing/every year

Legal Entity Representative

See page 5a of 6 *[Signature]* 1/2/20

Rachelle Halsay
Signature

Rachelle Halsay UN owner/Admin *12-12-19*
Printed Name and Title Date

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

The above plan of correction is approved as of 1/2/20
(Date)

Plan of correction implementation status as of 1/2/20
(Date)

Fully Implemented

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

Not Implemented

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 6/13/18.

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.)

Continued Plan of correction for violation 2600.132b

- administrator made reminder/alert scheduled in calendar to start 4 months ahead of annual inspection + drill due to start contacting local Fire Chief at Waynesburg Volunteer Dept. and also already made letter + put letter to be mailed on calendar date 4 months ahead to prevent the annual fire inspection/drill being past due, this practice will be ongoing/every year

Please see attached pictures on calendar alert to maintain time frame and already prepared letter on calendar month when to be mailed

Legal Entity Representative

Rachelle Kalsey
Signature

Rachelle Kalsey (owner) 12-30-19
Printed Name and Title Admin. Date

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

The above plan of correction is approved as of 1/2/20
(Date)

Plan of correction implementation status as of 1/2/20
(Date)

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

Fully Implemented

Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's October 2019 medication administration record did not include a diagnosis for the following medications:

- Metolazone 5 mg tablet- take one tablet by mouth on Monday, Wednesday, and Friday prior to Bumex.
- Ipratropium-albuterol 0.5-3.25 mg/3ml-use one vial via nebulizer 4 times a day.

Resident #2's October 2019 medication administration record did not include a diagnosis for his Valproic Acid 250mg- take one capsule by mouth 3 times a day.

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.)

- On 10-17-19 with inspector present on-site, administrator immediately corrected MAR with diagnosis's for Resident #1 and Resident #2.
- On 10-21-19 Administrator had staff meeting to re-educate all staff on importance of reviewing handwritten orders on MAR to verify they have all info/diagnosis on each order on MAR.
- On Nov. 01, 2019 facility switched to a computerized EMAR System. Only pharmacy or administrator can enter or P/C med orders. Computer program makes all fields filled including diagnosis before you can proceed to next step with all entries.
- Administrator + pharmacy tech's conduct monthly med chart + order audits and will be ongoing!

Legal Entity Representative

Rachelle Kalsey RN
Signature

Rachelle Kalsey LPD owner/Admin. 12/2/19
Printed Name and Title Date

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

The above plan of correction is approved as of 12/24/19 (Date) Plan of correction implementation status as of 12/24/19 (Date)

The above plan of correction was approved by [Signature] (Initials) Fully Implemented

Not Implemented