



MAILING DATE: February 12, 2020

Ms. Linda E. Brandon  
Administrator  
Linda E. Brandon  
PO Box 455  
11293 Route 422  
Elderton, Pennsylvania 15736

RE: Family Pines Personal Care Home  
Certificate #: 426710

Dear Ms. Brandon:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 30, 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 "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

Received BHSL

2/7/2020

## Facility Information

Name: FAMILY PINES PERSONAL CARE HOME

License Number: 42671

Address: P.O. BOX 455, 11293 ROUTE 422,, ELDERTON, PA 15736

County: ARMSTRONG

Region: WESTERN

## Administrator

Name: Linda Brandon

Phone: 724-354-4195

Email: LINDABRANDON@WINDSTREAM.NET

## Legal Entity

Name: LINDA E. BRANDON

Address: PO BOX 455, 11293 ROUTE 422, ELDERTON, PA, 15736

## Certificate(s) of Occupancy

Type: C-3 SP

Date: 10/20/2017

Issued By: Labor and Industry

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 7

Waking Staff: 5

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

10/30/2019 - On-Site: Trish Bartlett

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 8

Residents Served: 6

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 6

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 7

Have Physical Disability: 7

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 ceased to breathe. However, the death was not reported to the Department until 10/30/19.

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.)

*I was unaware death needs to be reported. Administration will monitor all reportable incidents and conditions weekly to insure they are reported to the department in accordance with regulation 2600.16c*

Legal Entity Representative *Linda Brandon*

*Linda Brandon*  
Signature

*Linda Brandon administrator 2/05/2020*  
Printed Name and Title Date

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The above plan of correction is approved as of 2/7/2020  
(Date)

Plan of correction implementation status as of 2/7/2020  
(Date)

Fully Implemented

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

Not Implemented

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

A black moldy substance was observed on numerous grout lines of the home's first floor right-side "Big" bathroom shower in the hallway to include: the perimeter of approximately five tiles measuring approximately 12 inches by 12 inches on the back wall of the shower and approximately three tiles measuring approximately 12 inches by 12 inches on the faucet wall had mold-blackened grout lines near the base of the shower stall.

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.)

*Bathroom shower was cleaned. Administrator will check the home weekly to make sure sanitary conditions are met*

Legal Entity Representative *Linda Brandon*

*Linda Brandon*  
Signature

*Linda Brandon Administrator 2/7/2020*  
Printed Name and Title Date

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(Initials)

Not Implemented

109b - Rabies Vaccination

Regulations

2600. 109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The home's small mixed breed dog named, "Shaggy" was present in the home. However, the rabies vaccination for this dog expired on 3/4/19.

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.)

*Shaggy received vaccination on 11/03/19. Administrator will check annually to insure vaccination are current.*

Legal Entity Representative *Linda Brandon*

*Linda Brandon*  
Signature

*Linda Brandon*  
Printed Name and Title

*2/05/2020*  
Date

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Homes that have not ascertained a maximum designated safe evacuation time from a fire safety expert are permitted two minutes and thirty seconds to secure maximum evacuation from the home. However, on 10/15/19 at 4:45 a.m. the home conducted a fire drill with an evacuation time of four minutes and thirty seconds.

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.)

Residents were educated on proper evacuation procedure. Had 4 fire drills. Home has conducted fire drills and met safe evacuation time. Administrator will monitor all fire drills to ensure safe evacuation time is met.

Legal Entity Representative *Linda Brandon*

*Linda Brandon*  
Signature

*Linda Brandon*  
Printed Name and Title

*2/25/2020*  
Date

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Fully Implemented

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

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

Staff person A, the administrator, indicated resident #2 received multiple medication administrations in October 2019. However, the October 2019 medication administration record did not include medications or initials of the staff person who administered the medication to include:

- \* Omeprazole 20mg take one tablet once a day.
- \* Complete vitamin, take one tablet daily for supplement.

Resident #2 was prescribed multiple medications. However, the October 2019 medication administration record (MAR) did not include a diagnosis or purpose for medications to include:

- \* Allopurinol 100mg take 2 tablets by mouth daily.
- \* Aspirin 81mg take 1 tablet orally once a day.
- \* Atorvastatin Calcium 10mg take 1 tablet orally once a day.
- \* Losartan Pot 50mg tab take one tablet orally once a day.
- \* Furosemide 20mg take 1 tablet by mouth every other day.

Resident #2 is prescribed Metoprolol Tart 25mg, take one tablet twice daily. However, the October 2019 MAR did not indicate the dosage.

Resident #2 is prescribed multiple medications that are not indicated on the October 2019 MAR to include:

- \* Trimcinolon cream 0.1% apply topically to affected area twice daily, written 10/15/19.
- \* Clotrim/Beta Cre Diprop, apply topically to affected area twice daily as needed, written 10/15/19.

187a - Medication Record (continued)

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.)

Residents MARs were corrected. Administrator completed an audit of all residents MARs for accuracy and completeness. Administrator checks all MARs monthly.

Legal Entity Representative *Linda Brandon*

*Linda Brandon*  
Signature

*Linda Brandon Administrator 2/25/2020*  
Printed Name and Title Date

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227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #3 started receiving visiting nurse services on 10/14/19. However, the resident's support plan was not updated to include the care and services or frequency of services on the resident's current annual support plan dated 2/5/19.

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.)

*Resident # 3 support plan was updated. Administrator has checked all other residents support plan for accuracy and completeness. 2nd staff person will check all support plans when completed for accuracy and completeness*

Legal Entity Representative *Linda Brandon*

*Linda Brandon*  
Signature

*Linda Brandon administrator 2/05/2020*  
Printed Name and Title Date

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