



Sent via e-mail [Deneane.miller@aol.com]

MAILING DATE: March 27, 2020

Ms. Deneane R. Miller  
Owner  
Deneane Miller  
142 Fairview Avenue  
Confluence, Pennsylvania 15424

RE: Deneane's Personal Care Home  
Certificate #: 321520

Dear Ms. Miller:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspection on November 12, 2019 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:  
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

*Gloria Emick*

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *DENEANE'S PERSONAL CARE HOME*

License Number: *32152*

Address: *142 FAIRVIEW AVENUE,, CONFLUENCE, PA 15424*

County: *SOMERSET*

Region: *CENTRAL*

### Administrator

Name: *Deneane Miller*

Phone: *8143953159*

Email: *DENEANE.MILLER@AOL.COM*

### Legal Entity

Name: *DENEANE MILLER*

Address: *142 FAIRVIEW AVENUE, CONFLUENCE, PA, 15424*

### Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *02/08/1999*

Issued By: *Labor and Industry*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *18*

Waking Staff: *14*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

### Inspection Dates and Department Representative

*11/12/2019 - On-Site: Hope O'Pake, Laura Heemer*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *18*

Residents Served: *18*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *1*

#### Number of Residents Who:

Receive Supplemental Security Income: *18*

Are 60 Years of Age or Older: *10*

Diagnosed with Mental Illness: *4*

Diagnosed with Intellectual Disability: *7*

Have Mobility Need: *0*

Have Physical Disability: *1*

85b - Infestation

Regulations

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

A live bed bug was found in Bedroom #3, which has been undergoing routine treatments since the spring of 2018.

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 bedbug was immediately disposed of.

The home has had Ehrlich Exterminator services since the spring of 2018. The home has had the entire house professionally treated by Ehrlich both chemically treated, as well as heat treated.

The issue of bedbugs in the home has greatly improved. There is only one room in the facility where they have been located for months, and in the past two weeks, staff has not found any bedbugs. The staff has been cleaning, sanitizing and treating the entire house weekly for bedbugs as per Ehrlich recommendations and products.

The home will continue to treat the entire house on a weekly basis per Ehrlich recommendations to ensure that a bedbug infestation does not happen again.

The home will also treat and sanitize all new resident belongings prior to them moving in the facility and also any items current residents bring into the home.

Legal Entity Representative

*Deneane B. Miller*  
Signature

*Deneane B. Miller, Adm. 12/12/19*  
Printed Name and Title Date

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The above plan of correction is approved as of

3/26/20  
(Date)

Plan of correction implementation status as of

3/26/20  
(Date)

Implemented

The above plan of correction was approved by

GE  
(Initials)

Not Implemented

101o - Walls, Floors, Ceilings

Regulations

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The ceiling paint in Bedroom #7 is peeling.

The carpet in the bedroom closest to the front door has several dark stains of varying sizes, the largest being approximately 1 foot in diameter.

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 ceiling in bedroom #7 was repaired. The paint that was peeling was scraped off and the ceiling was repainted. Please see Attachment #1, a picture of the repaired ceiling.

The carpet in bedroom #6 was immediately scrubbed and cleaned by staff. The stains look much better, however, some staining still exists. The carpet will be replaced by June 1, 2020.

Administrator and Office Staff complete monthly checks on all building items to ensure that all areas of the home are clean & in good repair. The Administrator & Office Staff will continue to check all areas of the home monthly to ensure all areas are clean & in good repair.

Legal Entity Representative

*Deneane R. Miller*  
Signature

*Deneane R. Miller, Adm.* 12/12/19  
Printed Name and Title Date

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is to the left of the front door, within the area of the porch enclosed with plastic. On November 13, 2019, a resident was smoking at the top of the stairs to the front porch, which is not within the home's designated smoking area. There was also an ashtray on the table immediately next to the door.

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 ashtray was immediately removed from the table and placed in the smoking area. All residents were reminded that they cannot leave the smoking area while smoking. Staff was also informed of this issue and will monitor the smoking area more often.

The results of staff monitoring of the smoking area will be included in the home's quality management reviews. Staff will continue to remind the residents of this and the Administrator, Activity Staff & Office Staff will continue to educate the residents during meetings and various events in the home.

Legal Entity Representative

*Deneane R. Miller*  
Signature

Deneane R. Miller  
Printed Name and Title

12/12/19  
Date

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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

On November 13, 2019, Calcium Antacid was not available in the home for Resident #1, who has a prescription to "Chew and swallow 2 tablets four times daily as needed for indigestion."

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 Calcium Antacid was immediately ordered from the pharmacy for Resident #1. The pharmacy delivered the Calcium Antacid on 11/14/2019. Please see Attachment #2.

Administrator reminded staff that they need to reorder all medicine if it is used so that the resident's medications are available to them at all times. Staff was also reminded that they must inform Administration if a medication is not available for the resident ASAP. All medications that are listed on the MAR for each resident must be present & available in the home.

Administrator & Office Staff completed a Med Cart Audit to ensure all medications prescribed to the residents were available and in the home.

Administrator will continue to remind staff of this at all staff meetings & periodically during working hours. Administrator & Office Staff will continue to complete monthly MAR reviews & Med Cart Audits to ensure all prescribed medications are available to the residents.

Legal Entity Representative

Signature

Printed Name and Title

Date

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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 #2 is prescribed Dramamine, however, the medication administration record does not include the diagnosis or purpose of the medication.

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.)

Pharmacy was immediately contacted to have the diagnosis added to the Resident #2's MAR. Please see Attachment #3. The pharmacy was also reminded of the importance of including this information for all medications on the MARS. Administrator also completed a MAR audit to ensure all medications for all residents had a diagnosis or purpose.

Administrator & Office Staff will continue to complete monthly MAR reviews & Med Cart Audits to ensure all prescribed medications have a purpose or diagnosis on the MAR.

Legal Entity Representative

*Deneane R. Miller*  
Signature

*Deneane R. Miller*  
Printed Name and Title

*12/12/19*  
Date

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