



MAILING DATE: December 30, 2019

Ms. Marcia Houston
Administrator
Roger & Marcia Houston
93 Dayspring Lane
Morrisdale, Pennsylvania 16858

RE: Dayspring Personal Care Home
Certificate #: 448650

Dear Ms. Houston:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 21, 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, appearing to read "Janine Wenzig". The signature is fluid and cursive, written over a light blue horizontal line.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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Violation Report

EAST REGION FIELD OFFICE
Human Services Liaison

Facility Information

Name: *DAYSRING PERSONAL CARE HOME*
Address: *93 DAYSRING LANE,, MORRISDALE, PA 16858*
County: *CLEARFIELD* Region: *WESTERN*

License Number: *44865*

Administrator

Name: *Lita Houston* Phone: *8143456590* Email:

Legal Entity

Name: *ROPER & MARCIA HOUSTON*
Address: *93 DAYSRING LANE, MORRISDALE, PA, 16858*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/24/2004* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection

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

Inspection Dates and Department Representative

11/21/2019 - On-Site: Debora McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13* Residents Served: *9*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar/bedcane on resident #1's bed is not securely attached to the bed, posing a fall or entrapment hazard.

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.)

please see attached POC

See Page 2A of 5

Legal Entity Representative

Lita Houston, LPN/Administrator *Lita Houston LPN/Administrator*
Signature Printed Name and Title

Date
12/19/2019

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

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

The above plan of correction was approved by *[Signature]* Not Implemented
(Initials)

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#448650

DEC 19 2019

81b - Resident Personal Equipment

EAST REGION FIELD OFFICE
Human Services Licensing

Violation: The enabler bar/bedcane on resident #1's bed is not securely attached to the bed, posing a fall or entrapment hazard.

POC

- Upon DHS inspection, loose enabler bar for resident #1 was immediately secured to bedframe with ratchet strap until tight to mattress and immobile.
- This was done by [REDACTED], LPN/Administrator, in the presence of DHS inspector.
- All other enabler bars in use in facility immediately inspected by [REDACTED] and [REDACTED], LPN/Administrator and found to be tight to mattress and immobile.
- Safe enabler bar installation/function, including risks of harm if not properly secure, reviewed with staff. Any enabler bar found loose or insecure to be immediately adjusted to proper installation or brought to [REDACTED], LPN/Administrator's attention for immediate remedy, or replacement.
- All installed enabler bars will be tested monthly by [REDACTED], LPN/Administrator for proper security, placement and immobility; monthly flow sheet of inspection tracking implemented.
- Copy of completed Staff Training sheet and flow sheet example enclosed.

Lita Houston, Spu/Administrator

12/19/2019

12/24/19

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:00 a.m. and 4:32 p.m., the temperature in the kitchen freezer measured 12 degrees Fahrenheit.

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.)

please see attached POC

See Page 3A of 5

Legal Entity Representative

Lita Houston LPN/Administrator
Signature

Lita Houston LPN/Administrator 12/19/2019
Printed Name and Title Date

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(Date)

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

Implemented

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(Initials)

Not implemented

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DEC 19 2019

EST REGION FIELD OFFICE
Human Services Licensing

103f - Refrigerator/Freezer Temps

Violation: At 10:00 a.m. and 4:32 p.m. the temperature in the kitchen freezer measured 12°F.

POC:

- Upon DHS inspection, thermostat in freezer was adjusted by Lita Houston, LPN/Administrator, to make freezer colder. 24 hours later, freezer temperature measured -1°F.
- All temperatures in all other food storage appliances in facility checked by DHS inspector and [REDACTED], LPN/Administrator, found to be at regulatory temperatures.
- [REDACTED] LPN/Administrator reviewed with staff the optimal placement of thermometers in appliances (the warmest spot - which is near the door, not tucked in the back), the regulatory temperatures required, to monitor them daily, how to make adjustments to appliance controls, and reporting to administration any stubborn variance in regulatory temperatures for remedy or replacement.
- [REDACTED], LPN/Administrator will check appliances monthly for correct placement, accurate regulatory temperatures and will document on tracking flow sheet.
- Copy of completed Staff Training sheet and flow sheet example enclosed.

Lita Houston, LPN/Administrator

12/19/2019



12/24/19

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Nyamyc Powder twice daily. However, the home wrote on the medication administration record (MAR), "prn", and the home administers the medication only as needed.

Resident #3 is prescribed Ventolin HFA Inhalation, 2 puffs every 4 hours as needed. However, this medication was not available 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.)

please see attached POC

See Page 4A of 5

Legal Entity Representative

Lita Houston, Administrator
Signature

Lita Houston, Administrator 12/19/2019
Printed Name and Title Date

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(Date)

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

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(Initials)

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187d - Follow Prescriber's Orders

Violation:

EST REGION FIELD OFFICE
Human Services Licensing

Resident #1 is prescribed Nyamyc Powder twice daily. However, the home wrote on the medication administration record (MAR), "prn", and the home administers the medication only as needed.


Resident #3 is prescribed Ventolin HFA Inhalation, 2 puffs every 4 hours as needed. However, this medication was not available in the home.

POC:

- Upon DHS inspection, resident #1's physician contacted for change of frequency order for Nyamyc Powder application. This should have been done *before* changing the frequency of application or MAR. A new PRN order was received the following day for resident #1's Nyamyc Powder.
- Upon DHS inspection, resident #3's PRN inhaler had expired. Resident had not once needed or used the inhaler. DuBois Drug and Wellness Pharmacist (our medication provider) who reviewed MARS and medcart, in person, the day prior to inspection removed the expired inhaler with explanation that he would confer with resident #3's physician to have the inhaler order discontinued or replaced. DHS inspector advised that Dayspring Personal Care Home staff should have retained inhaler until that order was clarified. The day following inspection, clarification was received; the inhaler was discontinued.
- [REDACTED] LPN/Administrator and Sharon Ellis, caregiver, reviewed all MARS for topicals ordered for acute symptoms that have resolved and directions that may need updated orders. None found. All PRN medications again checked for expiration dates; all found to be current and applicable.
- [REDACTED] LPN/Administrator reviewed with staff our regulatory requirement to have a doctor's order to change or discontinue prescribed topicals when cases of acute conditions have resolved, and to monitor expiration dates of PRN meds. These situations to be brought to administrator's attention to contact physician for review of order and implementation of change.
- [REDACTED] LPN/Administrator will review MARS monthly for medications typically given short-term ~ for their effectiveness and cure, and review PRN expiration dates; same will notify prescribing physician if/when condition has resolved and to review order if/when changes are necessary. A monthly flowsheet for tracking implemented.
- A copy of completed Staff Training sheet and flow sheet example enclosed.

Lita Houston, JSA, Administrator

12/19/2019

 12/24/19

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2 was admitted 11/9/19. There is no documentation in resident #2's record indicating the resident was educated on the right to refuse medication if the resident believes there may be a medication error.

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.)

please see attached POC

See Page 5A of 5

Legal Entity Representative

Lita Houston (son) Administrator
Signature

Lita Houston, CAP Administrator
Printed Name and Title

Date
12/19/2019

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(Date)

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

Implemented

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

Not Implemented

#448650

191 - Resident Right to Refuse

Violation: Resident #2 was admitted 11/9/19. There is no documentation in resident #2's record indicating the resident was educated on the right to refuse medication if the resident if the resident believes there may be a medication error.

POC:

- Upon DHS inspection, it was discovered that an older version of the Resident Rights page of contract, that did not include the "right of the resident to question or refuse medication" line, had been accidentally used instead of the updated, correct version. [REDACTED], LPN/Administrator immediately notified and educated resident #2 (in the presence of DHS inspector) of her "right to question or refuse a medication if [she] believes there may be a medication error," hand wrote the correction in the contract, secured resident's signature, and dated correction.
- Following inspection, Lita Houston, LPN/Administrator, reviewed all other contracts for errors. All contracts correct.
- [REDACTED], LPN/Administrator updated on-hand forms for current editions, destroyed any outdated ones to prevent making the same mistake.
- [REDACTED], LPN/Administrator will immediately replace any out-dated standard forms as revisions and updates are made.

Lita Houston, LPN, Administrator

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Human Services Licensing

12/24/19