



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: adamshousepch@gmail.com
adamshs@verizon.net

MAILING DATE: April 24, 2020

Ms. Christina Davenport
Owner / Administrator Assistant
Karen Adams
314 Fallowfield Avenue
Charleroi, PA 15022

RE: The Adams House
Certificate #: 413710

Dear Ms. Davenport:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 12, 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 "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE ADAMS HOUSE*

License Number: 41371

Address: 314 FALLOWFIELD AVENUE,, CHARLEROI, PA 15022

County: WASHINGTON

Region: WESTERN

Administrator

Name: *Julian Davenport*

Phone: 724-884-7662

Email:

Legal Entity

Name: *KAREN ADAMS*

Address: 314 FALLOWFIELD AVENUE,, CHARLEROI, PA, 15022

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: 09/14/1992

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *20*

Waking Staff: *15*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

12/12/2019 - On-Site: *Belinda Graziano, Vicki Siegert*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *21*

Residents Served: *20*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18*

Are 60 Years of Age or Older: *12*

Diagnosed with Mental Illness: *20*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *0*

Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 11:30 a.m., the resident privacy coding document, including the names of resident #1, #2, #3, and #4, was attached to the licensing inspection summary (LIS), dated 1/10/19, in a white binder on a table in the living room.

Repeat Violation: 1/10/19

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.)

The administrative assistant will take responsibility for storage and availability of the licensing inspection summary. The administrative assistant has removed the privacy coding document as soon as the violation was ordered during inspection. Prevention: Admin. assistant will check the binder each time a new POC is created.

Legal Entity Representative

Christina Davenport
Signature

Christina Davenport
Admin. Assist.

Printed Name and Title

3/27/20
Date

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The above plan of correction is approved as of 4/21/20
(Date)

Plan of correction implementation status as of 4/21/20
(Date)

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

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

Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016 requires that a carbon monoxide detector listed as complying with the Approved American National Standard for Gas and Vapor Detectors and Sensors be installed and maintained for any fossil fuel-burning device or appliance. The home did not have a carbon monoxide alarm installed for the basement natural gas furnace and natural gas water heaters.

Clean Indoor Air Act of 2008 requires that "Smoking" or "No Smoking" signs or the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette in a circle with a bar across it, shall be prominently posted and properly maintained where smoking is regulated by this act by the owner, operator, manager or other person having control of the area. The home allows smoking only in the designated smoking area on the outside back deck and no smoking signs have not be 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.)

The administrator quickly installed carbon monoxide alarms the next day after inspection completion. The administrator has put our maintenance man in charge of monitoring the alarms. The administrator purchased no smoking signs and installed them when they arrived on 1/13/2020.

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Signature

Christina Davenport
Admin. Assist. 3/27/2020
Printed Name and Title Date

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25c4 - Payment Responsibility

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

Description of Violation

The resident-home contract , dated 9/6/19, for resident #6 does not specify the party responsible for payment.

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 administrator now no longer does the contract in sections but does the whole packet with the resident to assure consistent completion of the sections. The administrator has begun that routine in March with new arrivals. The admin went through all file contracts to fix and check for errors.

Legal Entity Representative



Signature

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Admin. Assist. 3/27/2020
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25c11 - List of Rates

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

The resident-home contract , dated 1/14/19, for resident #5 does not include the amount the resident agrees to pay for room, board and services per month.

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 administrator now no longer ^{does} does the contract in sections but ^{does} the whole packet continuously until fully completed. The administrator has begun this new way of doing it in March with new residents. The administrator went through all contracts with the residents to correct anything missing.

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65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Direct care staff person A, started working in the home on 12/6/19 . However, the staff person did not receive training in any topics under regulation 2600.65a prior to or on the first day of work.

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.)

Shift supervisor went through the training sheet with the direct care person A and got the sheet completed while the state was there. Direct care person A was trained prior on the topics according to the regulation. Just documentation was not followed through. The administrative assistant will follow up 1 day past the training date to verify that the trainer completed the required training.

Legal Entity Representative

[Handwritten Signature]

Signature

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85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There were no paper towels, mechanical blower, individual cloth towels, or other means of safe hand drying in the common bathroom on the 1st floor next to the medication room or the common bathroom near the living room.


At 11:12 a.m., there was a used wash cloth in the shower of the common bathroom on the 1st floor next to the medication room.

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 administrator provided paper towels the next day past the inspection. The administrator installed a paper towel dispenser on the 1st floor when the delivery came in March (1). The administrator educated housekeeping and direct care to check showers for wash cloths the same day the department was there.

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86b - Bathroom

Regulations

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The exhaust fan in the 2nd floor common half bathroom is inoperable and this bathroom does not have a window.

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 administrator ordered an exhaust fan the day after inspection.
The fan was installed March 1.
The administrator will have the maintenance check the fans once a month on the 1st.

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers for the nearest hospital, poison control, and local emergency management on or by the telephones in the kitchen and living room.

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 administrator printed the phone numbers for the hospital, poison, and local emergency management and posted them by the phones the day after the inspection. The administrative assistant will assure the list is still on the wall once a month on the 1st.

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92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There was a 2-inch by 2-inch hole in the screen of the window in the 2nd floor common full bathroom.

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 administrator purchased the supplies to replace the screen in that window. It is a small window that would be hard to find a new screen for. The administrator was able to install the new screening the week of March 1.

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the kitchen on the wall above the medication cart does not include scissors.

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 administrator ~~replaced~~ (replenished) the Kit of Scissors. The administrator will have the Shift supervisor check the Kit for scissors once a month on the 1st.

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102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600. 102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The shower in the 1st floor common bathroom does not have a slip-resistant surface.

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 administrator installed slip resistant tiles the day after inspection. The administrator has instructed housekeeping to check daily that the slip-resistant surface is intact.

Legal Entity Representative

Signature: [Handwritten Signature] Printed Name and Title: Christina Davenport Admin. Assist. Date: 3/27/2020

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THE ADAMS HOUSE

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were approximately 20 chicken patties unlabeled and undated in freezer #2.

Also, there was a 1.5 gallon plastic container with dry, instant potatoes that was not dated when opened.

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 food service person labeled and dated the patties immediately during inspection. The food service person also dated the potato container as well the same day. The administrator will do a weekly inspection of the food storage room once a week when the food deliveries are made.

Legal Entity Representative

Signature

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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

There was no thermometer in the freezer section of the white refrigerator/freezer in the storage room.

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 administrator purchased a thermometer for the freezer and it was placed inside the day after inspection.

The administrator will have the food service person check daily for temperatures as they were supposed to but the administrator will check for thermometers when they check the dates, labels for the food storage room once a week.

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer.

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 adminstrator had the shift supervisor working the day of inspection to remove the lint. The direct care who do the laundry are already supposed to empty the lint trap after every load. The administrator will have to do random checks on the shifts to monitor that it is getting done and is not being signed off on without the cleaning.

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THE ADAMS HOUSE

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

The home's designated safe evacuation time is 3 minutes 0 seconds. However, the fire drill on 5/28/19 at 7:15 a.m. took 3 minutes and 10 seconds to complete.

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 evacuation time for that day was a mistake. The administrator and administrative assist (who checks the drill log) now are checking to be sure the administrator repeats any drill above 3 min. The administrator since the inspection has been under 3min every month. The administrative assistant checks the log once a month on the 1st.

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Admin. Assist. 3/27/20

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The Ventolin HFA 90 mcg prescribed for resident #7, was in the home's medication cart; however, the medication had an expiration date of 10/2019.

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 administrator will have the shift supervisor check expiration dates once a month on the 15th.

The shift supervisor called the doctor and ordered a new prescription for that inhaler the day of inspection.

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Admin. Assist.

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #7 is prescribed Promethazine, take by mouth 1 teaspoon every 8 hours as needed; however, the medication label indicates take teaspoonful every six hours as needed.

Resident #6 is prescribed Glucose 4 gram tablet chew; however, the medication label does not indicate the number of tablets to administer.

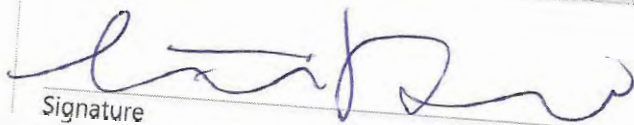
Resident #6 is prescribed Basaglar 100 IU Kwikpen insulin, inject 36 units subcutaneously daily in the evening; however, the medication label indicates inject 40 units subcutaneously daily.

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 shift supervisor called the dr and verified the order for the promethazine, the glucose chew, and the insulin with dr. the day after inspection when the dr was in office. The shift supervisor charified the orders with the pharmacy and new medicines were received in the evening that day.

Legal Entity Representative

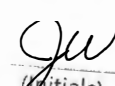

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Admin. Assist. 3/27/2020
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185a - Implement Storage Procedures

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

Resident #6 is ordered blood glucose checks four times a day. The resident's glucometer reading on 12/11/19 at 7:04 p.m. was 153; however, the December 2019 medication administration record (MAR) indicated this reading was 132.

Resident #7 is ordered blood glucose checks twice daily. The resident's glucometer reading 12/2/19 at 7:35 a.m. was 120; however, the December 2019 MAR indicated this reading was 126. Also, the glucometer reading on 12/4/19 at 6:05 p.m. was 101; however, this was not recorded on the December 2019 MAR.

Resident #8 is prescribed Cyclobenzaprine 10 mg tab, take by mouth 1 tablet every eight hours; 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.)

The administrator had a retraining for insulin in January. The shift supervisor called the pharmacy to send the cyclobenzaprine the same evening of the inspection.

Immediately and monthly thereafter: A designated staff person qualified to administer medications and insulin shall audit glucometers and MARs to ensure blood glucose readings are recorded accurately and according to the physician's order.

JW 4/21/20

Legal Entity Representative



Signature

Christina Davenport
Admin Assist. 3/27/2020

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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:

Description of Violation

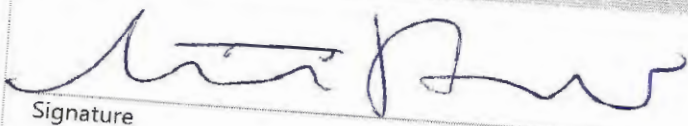
Resident #6 is prescribed Glucose 4 gram tablet chew; however, the December 2019 MAR does not indicate the number of tablets to administer.

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 Shift Supervisor called the doctor who ordered the glucose tab and verified the order when the dr was in office, the day after inspection. The Shift supervisor clarified the order with the pharmacy and the medicine label was updated from them the evening that day when pharmacy delivers.

Legal Entity Representative



Signature

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #8 is prescribed Cyclobenzaprine 10 mg tab, take by mouth 1 tablet every eight hours. Resident #8's December 2019 MAR indicates this medication as administered on 12/10/19 at 12:00 a.m. and 8:00 a.m.; however, this medication was not administered as it 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.)

The shift supervisor called the pharmacy and got the cyclobenzaprine filled and delivered the evening of inspection. The administrator educated staff (direct care) on the importance of scanning the medication given as instructed. The education was at the January meeting.

Legal Entity Representative



Signature

Christina Davenport

Admin. Assist.

3/27/2020

Printed Name and Title

Date

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The above plan of correction is approved as of

4/21/20
(Date)

Plan of correction implementation status as of

4/21/20
(Date)

The above plan of correction was approved by


(initials)

Implemented
 Not Implemented

187d - Follow Prescriber's Orders**Regulations**

2600.

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

Description of Violation

Resident #6 is prescribed Admelog Solostar 100 units/ml, inject subcutaneously before meal and at bedtime per the following sliding scale: 150-00= 2 units, 201-250= 4 units, 251-300+ 6 units, 351-400= 10 units, >400= 12units and call MD.

On 12/11/19 at 7:04 p.m., the resident's blood glucose reading was 153 and should have been administered 2 units; however, the resident was administered 0 units.

Resident #7 is ordered blood glucose checks twice daily; however, on the following dates and times the home did not conduct these checks:

12/1/19 at 8:00 a.m. and 8:00 p.m.

12/2/19 at 8:00 p.m.

12/3/19 at 8:00 a.m. and 8:00 p.m.

12/4/19 at 8:00 a.m. and 8:00 p.m.

12/5/19 at 8:00 a.m. and 8:00 p.m.

12/6/19 at 8:00 a.m. and 8:00 p.m.

12/7/19 at 8:00 a.m. and 8:00 p.m.

12/8/19 at 8:00 a.m. and 8:00 p.m.

12/9/19 at 8:00 p.m.

12/10/19 at 8:00 p.m.

12/11/19 at 8:00 a.m. and 8:00 p.m.

12/12/19 at 8:00 a.m.

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 administrator had a retraining for insulin in January 2020.
The administrator educated direct care staff on the importance of documenting on the mar as instructed at the January meeting.

187d - Follow Prescriber's Orders (continued)

Legal Entity Representative


Signature

Christina Davenport
Admin. Assist.
Printed Name and Title

3/27/2020
Date

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The above plan of correction is approved as of 4/21/20
(Date)

Plan of correction implementation status as of 4/21/20
(Date)

- Implemented
- Not Implemented

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

225c - Additional Assessment

Regulations

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

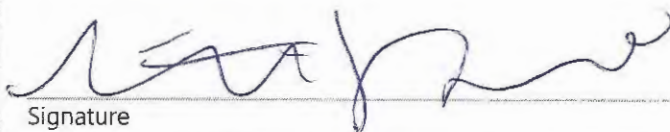
Resident #8's assessment, dated 3/13/19, was not updated to include medical diagnoses of pain, allergies, muscle spasms, high blood pressure, reflux, asthma, mineral deficiency, and constipation as indicated on medical evaluation dated 11/19/19.

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.)

The administrative assistant failed to attach a page to the assessment with those diagnosis's. The administrator educated the assistant on the importance of thorough documentation in the plan of care, in the 1st week of January when the quality management plan was does for the year.

Legal Entity Representative


Signature

Christina Davenport
Admin. Assist. 3/27/2020
Printed Name and Title Date

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The above plan of correction is approved as of 4/21/20
(Date)

Plan of correction implementation status as of 4/21/20
(Date)

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

Implemented
 Not Implemented