



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail: [sharona@preferhome.com](mailto:sharona@preferhome.com)**  
**MAILING DATE: March 24, 2020**

Ms. Sharon Ahearn  
Administrator/Owner  
Sharon Ahearn  
44 Broad Street  
Pittston, Pennsylvania 18640

RE: Adult Personal Care Home  
License #: 243860

Dear Ms. Ahearn:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: ADULT PERSONAL CARE HOME

License Number: 24386

Address: 44 BROAD STREET,, PITTSTON, PA 18640

County: LUZERNE

Region: NORTHEAST

## Administrator

Name: Sharon Ahearn

Phone: 5706549530

Email: sharona@preferhome.com

## Legal Entity

Name: SHARON AHEARN

Address: 44 BROAD STREET, PITTSTON, PA, 18640

## Certificate(s) of Occupancy

Type: C-3 SP

Date: 09/03/1988

Issued By: L&I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 5

Waking Staff: 4

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

12/30/2019 - On-Site: Amy Deluca

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 8

Residents Served: 5

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 4

Are 60 Years of Age or Older: 5

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Administrator A completed only 18 of the required 24 hours of administrator training for 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.)

Regulations 55 Pa. Code 2600, 2600.64 (c) is important so the Administrator is up to date with training related to job duties and responsibilities. It also provides knowledge of the types of issues a resident may have and how to deal with each individual for person centered care.

This regulation was a violation because the Administrator only had certificates for only 18 hours. By December 31 three more hours were added totaling 21. Although the Administrator has far more hours through webinars and online training due to the obligation of holding a Home Care Agency License through The State Department of Health License # 32883601, there are no certificates given for those.

A schedule to take an online course that provides a certificate of completion has been devised as well as registered for two six hour courses has been planned. The Administrator shall monitor and assure ongoing compliance.

Training year 2018 and 2019 and Ongoing:

The administrator will have at least 24 hours of training from a source approved by the Department on an annual basis. The administrator will send to the Department proof of 24 hour of approved administrator's training for year 2018 by May 1, 2020.

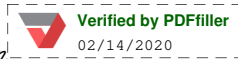
The administrator shall send to the Department proof of 24 hour of approved administrator's training for year 2019 by August 1, 2020.

The administrator shall send to the Department proof of 24 hour of approved administrator's training for year 2020 by December 31, 2020.

Documentation and proof of annual training shall be maintained by the home and be available for review by the Department when requested. 3-12-2020---MM

Legal Entity Representative

*Sharon Ahearn*



Signature

Sharon Ahearn / Administrator

Printed Name and Title

02/14/2020

Date

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The above plan of correction is approved as of 3-12-2020  
(Date)

Plan of correction implementation status as of 3-12-2020  
(Date)

Implemented

Not Implemented

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

## 65g - Annual Training Content

## Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

## Description of Violation

Staff person B did not receive training in fire safety from a fire safety expert or from a staff person who was trained by a fire safety expert.

## 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.)

.Regulation 2600.65.g was a violation because Staff person B has not received training in fire safety from a fire safety expert or from a staff person who was trained by an expert. Staff person B will be scheduled to watch a Video prepared by OSHA in fire safety by their fire safety expert and the administrator who has been trained will accompany staff member to answer any questions and add advice if it pertains to our facility in particular. This has been scheduled for Monday 02/17/20  
The Administrator shall monitor and assure ongoing compliance.

Immediately and Ongoing:

The administrator will develop a staff training plan that includes the following information:

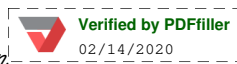
- (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
- (2) The required training courses for each person identified in (1).
- (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.

The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

3-12-2020 - MM

## Legal Entity Representative

*Sharon Ahearn*



Signature

Sharon Ahearn/ Administrator

Printed Name and Title

02/14/20

Date

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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

The lint trap of the home's dryer had a layer of lint caked on it. The dryer was cool to the touch and had not been in use.

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.)

Regulation 2600.105.g. was in violation because the lint trap had lint on it. The lint was removed immediatley. It is important to remove the lint as it can become a fire hazard. The external and internal ducts are regularly checked and monitored as well as the lint trap. The timing of cleaning the lint trap will be adjusted to take place right after a cycle instead of before one. The administrator shall monitor and assure ongoing compliance.

Immediately and Ongoing:

Lint will be removed from the dryers after each use. Signs reminding staff to remove lint will be posted in the home's laundry area. All staff will be trained to remove lint after each use of the dryer. Documentation of training will be kept. The administrator or designee shall check lint traps, each shift and daily X's 3 months to ensure ongoing compliance.

3-12-2020 -MM

Legal Entity Representative

*Sharon Ahearn*   
Signature

Sharon Ahearn/Administrator  
Printed Name and Title  
02/14/20  
Date

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The above plan of correction was approved by MM (Initials)  Implemented  Not Implemented

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door leading to the back yard from the rear tv room was blocked by a lawnmower being stored on the porch directly in front of 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.)

Regulation 2600.121.a. was in violation because a lawn mower was on the porch obstructing exiting. This obstruction was removed right away when it was brought to my attention. I understand the importance of an unobstructed egress .As Administrator I will monitor an assure ongoing compliance.

Immediately and Ongoing:

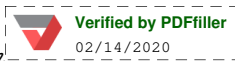
The identified area will be unobstructed, as will all stairways, hallways, doorways, passageways and egress routes from rooms and from the building.

The administrator or designee shall check all stairways, hallways, doorways, passageways and egress routes from rooms and from the building, each shift and daily X's 3 months to ensure ongoing compliance.

3-12-2020 -- MM

Legal Entity Representative

*Sharon Ahearn*  
Signature



Sharon Ahearn/Administrator  
Printed Name and Title

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## 141a 1-10 Medical Evaluation Information

## Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

## Description of Violation

Resident #1's Documentation of Medical Evaluation (DME) form dated 5/17/18 was not signed by a medical doctor. Also, the following information was missing from the form: Height, weight, pulse, blood pressure, and temperature.

## Plan of Correction (POC)

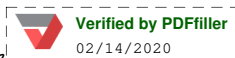
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Regulation 2600.141.a. was in violation because the form was incomplete. This regulation is important because it can reflect any changes in the residents condition by comparing weight, blood pressure etc. from the previous form and future as well. As administrator I will maintain current medical evaluation that reflect the residents conditon as per regulation. The Administrator will review new and annual Medical Evaluations as they are received to assure they are correct, complete and timely. This will assure ongoing compliance.

## Legal Entity Representative



Signature



Sharon Ahearn

Printed Name and Title

02/14/20

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## 141b1 - Annual Medical Evaluation

## Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

## Description of Violation

Resident #1's most current DME form is dated 12/13/2019. Resident #1's prior DME form is dated 5/17/2018. Resident #1 did not have a DME completed within the required 12 month timeframe for 2019.

Resident #2's most recent DME was completed 10/11/18. Resident #2 did not have a DME form completed for 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.)

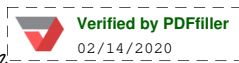
The Administrator has developed a schedule that includes all current residents, dates that all documents are due and the day the evaluations are scheduled for. The documents that are to be filled and signed by the physician will be placed in the residents file to be taken day of appointment. The Administrator shall monitor and assure ongoing compliance.

Within 30 days of receipt of the plan of correction:

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter. 3-12-2020 --MM

## Legal Entity Representative

*Sharon Ahearn*  
Signature



Sharon Ahearn/Administrator  
Printed Name and Title

02/14/20  
Date

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