



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: February 11, 2020

Ms. Sherri A. Marshall
President/Administrator
Rose of Sharon Home, Inc.
P.O. Box 336
135 Main Street
Saint Michael, Pennsylvania 15951

RE: Rose of Sharon Home, Inc.
License #: 332060

Dear Ms. Marshall:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 14, 2020 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.

If you need assistance, please contact me at 717-418-9656 or email at bswanger@pa.gov.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ROSE OF SHARON HOME, INC.

License Number: 33206

Address: 135 MAIN STREET, PO BOX 336,, SAINT MICHAEL, PA 15951

County: CAMBRIA

Region: CENTRAL

Administrator

Name: Sherri Marshall

Phone: 8144954642

Email: ROSH3@COMCAST.NET

Legal Entity

Name: ROSE OF SHARON HOME INC

Address: PO BOX 336, 135 MAIN STREET, SAINT MICHAEL, PA, 15951

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/27/1993

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 24

Waking Staff: 18

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

01/14/2020 - On-Site: Israel Springs, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30

Residents Served: 22

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 6

Are 60 Years of Age or Older: 21

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 0

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

The propane fireplace located in the living room of the home did not have a carbon monoxide detector placed in its vicinity as required by the Care Facility Carbon Monoxide Alarms Standards Act.

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 violation occurred because we didn't realize that the infrequently used propane fireplace required a carbon monoxide alarm.

In order to correct the deficiency, a new detector was purchased and installed by maintenance on January 17, 2020 following the Care Facility Carbon Monoxide Alarms Standards Act requirements. Two copies of photos are attached as proof. One photo shows the fireplace and detector. The other photo is a picture of the installed detector.

Administrator is now aware that the fireplace requires a carbon monoxide detector. Administrator will ensure that this detector is maintained and batteries replaced at least annually or when alarm signals a drained or failing battery.

Legal Entity Representative


Signature

Sherri A. Marshall, Administrator

Printed Name and Title

1-29-2020

Date

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The above plan of correction is approved as of 2/3/2020 Plan of correction implementation status as of _____
(Date) (Date)

 Implemented

 Not Implemented

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

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent sleeping hours fire drill was performed on 11/26/19 at 6:20 am. The previous sleeping hours fire drill was performed on 4/16/19 at 6:16 am.

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 violation occurred because Joann, the supervisor in charge of fire drills, performed 3 hours of sleep drills during the year and thought that this was in compliance with the regulation. Administrator re-educated Joann on the regulation on 1-21-2020 and she now understands that a sleeping hours drill must be done once every 6 months. Joann has placed a private reminder to herself of when the next sleeping hours drill should be performed. All staff were also re-educated. (Please see staff memo attached.)

Administrator has also placed a second employee, Tammy, in charge of fire drills. This extra step will ensure that we continue to be in compliance with fire drills as there will be multiple employees overseeing the drills.

Legal Entity Representative

Sherri A Marshall
Signature

Sherri A. Marshall, Administrator 1-29-2020
Printed Name and Title Date

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(Date) (Date)

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

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

The glucometer for Resident #1 had a blood sugar measurement of 413 for 1/14/2020 at 11:24 am stored in it and the Medication Administration Record (MAR) incorrectly documented 416; and a blood sugar measurement of 430 for 1/13/2020 at 8:30 pm stored in it with the MAR incorrectly documented with 428.

Blood sugar readings for 1/13/20 at 4:27 pm of 190, 1/11/20 at 11:52 am of 189, 1/11/20 at 8:06 am of 228, 1/10/20 at 6:08 pm of 371, 1/10/20 at 11:37 am of 208, and 1/9/20 at 4:10 pm of 286 were documented on the MAR for Resident #1, but these readings were not stored in the resident's glucometer.

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 first part of this violation occurred because the employee recording the blood sugar reading made typing errors. Administrator re-educated all employees on taking extra precautions when entering information on the MAR to ensure that the recorded information is accurate. (Please see the re-education staff memo attached dated 1-28-20.)

The reason why the second part of this violation occurred is because the blood sugar glucometer that was being used for Resident #1 was not functioning properly. Shortly after our inspection on 1-14-2020, the machine quit working entirely. A new machine was received from the Forest Hills Pharmacy and that machine is currently being used for Resident #1. Please see attached photo. Administrator obtained an extra blood sugar glucometer from Forest Hills Pharmacy on 1-29-2020 to have on hand should Resident #1s monitor malfunction in the future. Please see attached photos. Administrator will work with Forest Hills Pharmacy to obtain a back-up monitor for each future resident who requires this testing be performed as part of their care. There are currently no other residents with diabetes our Home who require testing. This extra step will ensure continued compliance. The Administrator will audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This will be done on a weekly basis for the residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of three weeks to be completed by 2/28/2020. Upon completion, documentation of the reviews/audits will be provided to the Department for review.

Legal Entity Representative

Sherri A. Marshall
Signature

Sherri A. Marshall, Administrator
Printed Name and Title

1-29-2020
Date

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The residents' photos in the records for Resident #2 and Resident #3 were more than two years old.

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.)

This violation occurred because the Administrator didn't realize that the photos that were part of the residents record were outdated. Administrator took new photos of Resident #2 and Resident #3 on 1-21-2020. Please see photos attached as proof.

All residents photos who were not recently admitted, and had a photo taken upon admission, were also updated on 1-21-2020.

Administrator will update all resident photos annually in January to ensure continued compliance with this regulation.

Legal Entity Representative

Sherri A Marshall

Signature

Sherri A. Marshall, Administrator

Printed Name and Title

1-29-2020

Date

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