



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail appleprovision888@hotmail.com**  
**Sent via e-mail penstatebest@gmail.com**  
**April 28, 2020**

Mr. Larry Liang  
Owner  
Penstate Best Care, Inc.  
347 73rd Street  
Brooklyn, New York 11209

RE: Haskins House  
1009 Rhoads Avenue  
Secane, Pennsylvania 19018  
License #: 138550

Dear Mr. Liang:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 28, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *HASKINS HOUSE*

License Number: *13855*

Address: *1009 RHOADS AVENUE,, SECANE, PA 19018*

County: *DELAWARE*

Region: *SOUTHEAST*

## Administrator

Name: *Sonja Maher*

Phone: *6106233624*

Email: *penstatebest@gmail.com*

## Legal Entity

Name: *PENSTATE BEST CARE INC*

Address: *347 73RD STREET, BROOKLYN, NY, 11209*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *07/28/1997*

Issued By: *COPA - Labor and Industry*

## 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

*01/28/2020 - On-Site: Michele Swisher*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *22*

Residents Served: *19*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *1*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *16*

Diagnosed with Mental Illness: *11*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *1*

Have Physical Disability: *0*

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 1/28/2020 at approximately 2:30 pm, resident #1 was being monitored by a baby video monitor while seated in the living room during an activity. Staff person A, the homes administrator and Staff person E, both stated that the monitor is moved into the residents room while the resident is in their room for staff to monitor the resident and watch so that the resident does not pull out or tug on their colostomy tubes/equipment. This is a violation of the residents right to privacy.


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.)

Monitor was removed on 1/28/20.  
Staff will not utilize a monitor to keep eye on resident as to not violate his right to privacy.  
Administrator to ensure that monitor is not in use and resident's privacy is maintained.

Administrator or designee will ensure all residents rights are maintained. Audio monitoring is strictly prohibited. SP 04-27-2020

Legal Entity Representative

  
Signature

*Sonia A. Miller, LPA Administrator* 01/28/20  
Printed Name and Title Date

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The above plan of correction is approved as of 04-27-2020  
(Date)

Plan of correction implementation status as of 04-27-2020  
(Date)

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

Implemented  
 Not Implemented

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person B was hired on 4/5/19. A criminal history check was not completed until 6/13/2019.

Staff person C was originally hired on 9/1/17. This staff person then left employment for over a year and a half and was rehired again on 1/7/2020. A criminal history check was not completed for their rehire.

Plan of Correction (POC)

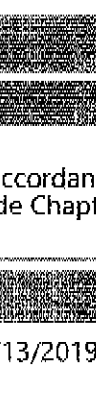
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Administrator to ensure that criminal background checks are completed.

Administrator will not schedule employee to work until background check is returned and reviewed by the administrator.

Administrator will audit employee files to ensure all necessary training is completed.

Legal Entity Representative

  
Signature

*Sonia Mckay LPW Administrator* 2/26/20  
Printed Name and Title Date

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Implemented  
 Not Implemented

548 Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat violation date:

2/11/2019

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.)

Administrator obtained HS Diploma from employee on 1/30/20.  
 Administrator to ensure that the proper qualifications are obtained at time of hire and prior to start of employment.  
 Administrator to audit employee files quarterly to ensure all necessary items are obtained.

Legal Entity Representative

  
Signature

*Sandra M. Cohen*      *2/28/20*  
Printed Name and Title      Date

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- Not Implemented

63a - First Aid/CPR Training

Regulations:

2600. 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation:

On 1/15/2020, from 9:00 pm to 8:00 am, 19 residents were present in the home. During this time no staff persons were present in the home who were certified in obstructed airway techniques and CPR.

On 1/20 /2020, from 9:00 pm to 7:30 am, 19 residents were present in the home. During this time no staff persons were present in the home who were certified in obstructed airway techniques and CPR.

On 1/25/2020, from 9:00 pm to 8:00 am, 19 residents were present in the home. During this time no staff persons were present in the home who were certified in obstructed airway techniques and CPR.

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.)

Owner has scheduled certified trainer to come to facility to train necessary staff in CPR/First aid. Employees to be trained by 3/20/20. Administrator to ensure employee has CPR/First aid at time of hire and if not will have completed within first month of hire. Administrator to audit employee files to ensure necessary training is completed.

Admin or designee will ensure proper amount of CPR trained staff is present in home at all times..... SP 04-27-2020

Legal Entity Representative

Signature

Signature: *Sandra Michon*  
Printed Name and Title: Sandra Michon, CPR Administrator  
Date: 2/26/20

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

Implemented  
 Not Implemented

63.b. Current First Aid Training

Regulations

2600. 63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

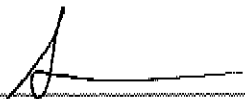
Staff persons D were trained in first aid and certified in obstructed airway techniques and CPR by the online course provided by National CPR Foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

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.)

Staff person D will be trained at facility by a certified trainer in CPR/First aid by 3/20/20. Administrator to ensure that employee has CPR/First aid at time of hire and if not will have completed within first month of hire.

Legal Entity Representative

  
Signature

*Shirley M. ... Administrator*  
Printed Name and Title

Date

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*SP*  
(Date)

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*SP*  
(Initials)

Implemented  
 Not Implemented

65a. FS Orientation 1st Day

Regulation:

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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation:

Staff person C, whose first day of work was 4/5/19, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person D, whose first day of work was 1/7/2020 did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction (POC)


(Attach pages as needed to prevent a similar violation)

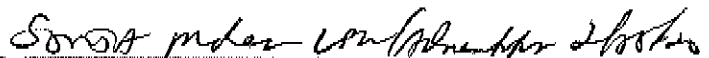
I disagree with this violation. Staff person D was hired and completed training on 9/25/18. Staff person D started working on 10/12/18. Staff person C started working on 5/3/18 and completed training on that date. My error on staff person C was that it was not signed off on and dated. I understand that if it is not dated it is not done, currently complete. Administrator to ensure that training is completed prior to employment. Administrator to audit employee files quarterly to ensure necessary training is completed.

(Describe above and steps to be completed.)

Admin or designee will ensure all staff members are trained in all aspects of regulations 2600.65a prior to 1st day of work. SP

Legal Entity:

  
Signature

  
Printed Name and Title Date

65a. ES Orientation 1st Day (CONTINUED)

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Implemented  
 Not Implemented

65b Rights Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person C completed his/her 40th scheduled work hour on or about 4/16/2019. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person D completed his/her 40th scheduled work hour on or about 1/14/2020. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

(Attach pages as necessary to prevent a similar violation.)

I disagree with this violation. Staff person D was hired and completed training on 9/25/18. Staff person D started working on 10/12/18. Staff person C started working on 5/3/18 and completed training on that date. My error on staff person C was that it was not signed off on and dated. I understand that if it is not dated it is not done, currently complete Administrator to ensure that training is completed prior to employment.

steps to Admin or designee will ensure all staff members are trained in all aspects of regulations 2600.65b within 40 scheduled working hours

Legal Entity As

Administrator to audit employee files quarterly to ensure necessary training is completed.

Signature

*Sonia A. ...*

Printed Name and Title

Date

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(Date)

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(Date)

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*SP*

(Initials)

Implemented

Not Implemented

65d - Initial Direct Care Training

Regulations

- 2600.
- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on 4/5/19, began providing unsupervised ADL services on 4/5/19. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 5/13/2019.

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.)

Administrator to ensure that staff completes the direct care staff training prior to employment.

Administrator has included in our pre-hiring process that each person applying for employment is required to take the direct care staff training course and exam and present the certificate with the application prior to consideration for hire.

Administrator to audit employee files quarterly to ensure that all necessary training is completed.

Legal Entity Representative



Signature

SPADA member LA Administrator 4/27/20

Printed Name and Title

Date

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(Initials)

Implemented

Not Implemented

65f. Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Description of Violation

Direct care staff person D did not receive training in medication self-administration training during training year January 2019 to December 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.)

#11

Staff person D completed medication self-administration training on 2/14/20.

Administrator is to ensure that training is one of the topics in the annual training plan.

Administrator to audit employee files quarterly to ensure that all necessary training is completed.

Legal Entity Representative

  
Signature

*Sandra M. ...*  
Printed Name and Title

2/14/20  
Date

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(Date)

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(Initials)

Plan of correction implementation status as of 04-27-2020  
(Date)

- Implemented
- Not Implemented

66a Staff Training Plan

Regulations

2600.  
66.a. A staff training plan shall be developed annually.

Description of Violation

The homes staff training plan for training year January 2020 to December 2020 does not include training topic Medication Self Administration.

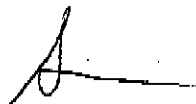
Plan of Correction (POC)

(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.)

Administrator added medication self-administration training to February 26, 2020 for training year. Administrator is to ensure that all topics needed are included in yearly training plan. Administrator is to ensure that all direct care staff completes necessary training topics monthly.

Administrator or designee will develop and implement a staff training plan that is updated and followed annually. SP 04-27-2020

Legal Entity Representative

  
Signature

*Sandra Miller, Administrator* *2/26/20*  
Printed Name and Title Date

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 Not Implemented

85a. Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/28/2020 at approximately 2:00 pm, there was a build up of a black substance appearing to be mold present on the wall tiles and grout near the floor in the large roll in shower room on the main floor.

On 1/28/2020 at approximately 2:45 pm, Staff person A, was observed to take 3 cigarettes out of a locked cabinet and call over three residents for their daily afternoon cigarette. Staff person A then walked to the door near the medication, opened the door and held it open with their arm, placed an unlit cigarette in their own mouth, lit the cigarette, take a puff off the cigarette and then handed the lit cigarette to the first resident. Staff person then did this two more times with the remaining two cigarettes. Staff person A stated that they light the cigarettes in this manner, by placing the unlit cigarette in their own mouth first before giving it to the resident, so that the residents do not burn themselves with the lighter.

On 1/28/20 at approximately 4:15 pm Staff person A was observed performing glucose checks on two residents without wearing gloves. Staff person A placed two resident's glucometers on the same tray and walked them out to the common area where multiple residents were seated. Staff person A then used un-gloved hands to stick a resident's finger to draw blood, apply it to the glucose test strip and then use a cotton ball to wipe away blood from the finger. Staff person A then placed the bloody cotton ball on the tray that had two resident's glucometers on it. Staff person then carried the tray back to the med storage area without having performed the second residents glucose check and began touching the MAR and the other residents glucometer prior to washing hands.

Plan of Correction

On 2/24/20 the owner cleaned and applied caulking to are on shower wall tiles.

(Attach pages to prevent a sim

Administrator to monitor for sanitary conditions daily and inform owner of any need for cleaning or repairs.

Staff person A was rushing and not paying attention to the unsanitary condition of the situation.

Administrator to ensure that residents hold their own cigarettes when they are being lit, to comply with sanitary conditions.

Staff person A was rushing and did not take the time to use proper techniques.

Administrator is to ensure that proper technique is used when performs glucose checks. Staff person

A is aware of need for using gloves when performs glucose checks and need for handwashing. Staff person A completed inservice on infection control.

above and steps to completed.)

Legal Entry

Signature



SPMVA member CM/Adm/Inf/Phy

Printed Name and Title

2/28/20

Date

85a - Sanitary Conditions (continued)

DEPARTMENT USE ONLY - HOME MA/NOT WRITE IN THIS BOX

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88a Surfaces

Regulations

2600. 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

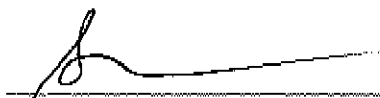
In the large bathroom on the 1st floor, there is a metal shower caddy/shelf mounted on the wall in the shower area that is completely covered in a flaky rusty material.

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.)

On 2/24/20 the owner cleaned and painted the shower caddy/shelf mounted on wall in shower area. Administrator/care staff will make physical site rounds daily to ensure that floors, walls, ceilings, windows, doors, and other surfaces are clean and in good repair. Administrator/Care staff will notify owner immediately if any areas are in need of cleaning/repair.

Legal Entity Representative

  
Signature

*SMTA member Lisa Adams Haskins*  
Printed Name and Title Date

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(Date) (Date)  
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(Initials)  Not Implemented

89b. Hot Water Temperature

Regulations

2600.  
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 1/28/2020 at approximately 1:40 pm, the hot water temperature at the bathroom on the 2nd floor measured 139.4 degrees Fahrenheit.  
  
On 1/28/2020 at approximately 1:45 pm, the hot water temperature at the bathroom near room #3, measured 143.4 degrees Fahrenheit.  
  
On 1/28/2020 at approximately 1:50 pm, the hot water temperature at the bathroom in Resident room #1, measured 140.1 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.)

On 1/28/20 the boiler has been adjusted to bring the water temperature lower as to not exceed 120 degrees F. Administrator checked the water temperature on 1/28/20 in 2nd floor bathroom and it was 118 degrees F. The 1st floor bathroom near room number 3 was 119 degrees F. The bathroom in resident room #1 was 119 degrees F. Administrator will monitor the water temperature daily. Administrator will keep a written log of the water temperature weekly to ensure compliance.

Log to be made available for Department review..... SP 04-27-2020

Legal Entity Representative

  
Signature

*Shirley Miller LP Administrator* *4/28/20*  
Printed Name and Title Date

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 Not Implemented

93a Handrails

Regulations

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The exterior ramp leading to the front of the home has a hand rail that is broken half way up the length of the rail and hanging down.


The railing on the short set of stairs on the 2nd floor is not securely fixed to the wall. The railing is loose and the screws are pulling out of the drywall that it is attached to.

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.)

On 2/13/20 the owner fixed the 2nd floor railing to be secure to the wall and not loose.  
On 2/24/20 the owner fixed the broken hand rail on exterior ramp.  
Administrator to monitor daily that all hand rails are well-secured. If there is any in need of repair the administrator will notify the owner immediately so it can be repaired.

Legal Entity Representative

  
Signature

*Smart Under LLC/Adm/John 2/26/20*  
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

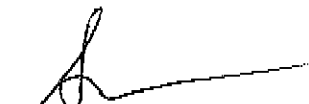
The home permit's smoking in the outdoor fenced in patio area only. On 1/28/20 at approximately 2:45 pm, while lighting cigarettes for three residents, Staff person A entered the building/medication area with a lit cigarette to assist a resident with a walker to come to the door. Staff person A assisted the resident to the door, held the door open for the resident then handed them the cigarette.

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.)

**#18**  
 On 1/28/20 staff person A was rushing and not taking notice of the wrong way was doing it.  
 On 1/28/20 staff person A was made aware of fire safety policy.  
 Administrator will ensure that no cigarettes are lit in the building.  
 Administrator will continue to follow the facilities smoking policy which is outside only.

Legal Entity Representative

  
Signature

*Erin A. Baker*  
Printed Name and Title  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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Plan of correction implementation status as of 04-27-2020  
(Date)

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

- Implemented  
 Not Implemented

183e - Storage Medication

Regulations

2600. 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of violation

On 1/28/19 a bottle of Latanoprost Eye Drops, belonging to resident 2, was in the medication storage area. The bottle or box for the medication does not have an opened on date written on the bottle. According to the manufacturer's instructions an opened bottle may be stored at room temperature for up to six weeks and then unused medication must be discarded.

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.)

I disagree with this violation. The eye drops are given daily and there is only 25 days of doses in the bottle. So the bottle would not be stored longer than 25 days. So instructions as to not store longer than 6 weeks do not apply. Administrator will maintain that staff monitor and label medication in accordance with the manufacturer's instructions.

Legal Entity Representative

  
Signature

*LA SMITH MD CR*  
Printed Name and Title

*2/28/20*  
Date

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The above plan of correction is approved as of 04-27-2020  
(Date)

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

Plan of correction implementation status as of 04-27-2020  
(Date)

Implemented  
 Not Implemented