



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: twinoakspch@frontiernet.net
MAILING DATE: March 31, 2020

Ms. Marsha Pepper
Administrator
Twin Oaks Personal Care Home Inc.
1100 Cowley Road
Granville Summit, Pennsylvania 16926

RE: Twin Oaks Personal Care Home
License #: 214700

Dear Ms. Pepper:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 12, 2020 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 that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: TWIN OAKS PERSONAL CARE HOME

License Number: 21470

Address: 1100 COWLEY RD., GRANVILLE SUMMIT, PA 16926

County: BRADFORD

Region: NORTHEAST

Administrator

Name: Marsha Pepper

Phone: 5706736010

Email: TWINOAKS@FRONTIERNET.NET

Legal Entity

Name: TWIN OAKS PERSONAL CARE HOME INC

Address: 1100 COWLEY ROAD, GRANVILLE SUMMIT, PA, 16926

Certificate(s) of Occupancy

Type: I-1

Date: 05/18/2006

Issued By: Code Inspector

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

02/12/2020 - On-Site: Jason Harvey, Carey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24

Residents Served: 20

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

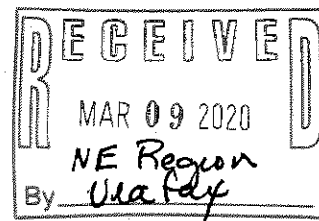
Are 60 Years of Age or Older: 20

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 1



TWIN OAKS PERSONAL CARE HOME

21470

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A dented Members Mark 15 oz can of mandarin oranges was located in the home's dry pantry.

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 has been instructed to carefully examine cans when re-stocking the pantry. Dented cans will be discarded. Administration will ensure ongoing compliance.

Legal Entity Representative

Marsha Pepper
Signature

Marsha Pepper Administrator 3-9-20
Printed Name and Title Date

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The above plan of correction is approved as of

3-27-2020
(Date)

Plan of correction implementation status as of

3-27-2020
(Date)

The above plan of correction was approved by

ag
(Initials)

Implemented
 Not Implemented

TWIN OAKS PERSONAL CARE HOME

21470

124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's notification to the local fire department did not include the total capacity of 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.)

A corrected letter was mailed to the fire company on the day of the inspection. Please see attached

Legal Entity Representative

Signature

Printed Name and Title

Date

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TWIN OAKS PERSONAL CARE HOME

21470

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 medical evaluation dated 4-16-19 did not contain blood pressure, temp and pulse rate.

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.)

Administrators will carefully examine each DME to ensure it is filled out in its entirety as per regulations.

Legal Entity Representative

Marsha Pepper
Signature

Marsha Pepper Administrator 3/9/20
Printed Name and Title Date

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

TWIN OAKS PERSONAL CARE HOME

21470

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 #2's Contour Next EZ Glucometer was not calibrated with correct day and time.

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.)

All glucometers have been properly calibrated to the correct day and time. Administration will ensure ongoing compliance.

Legal Entity Representative

Maisha Pepper
Signature

Maisha Pepper Administrator 3.9.20
Printed Name and Title Date

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(Date)

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(Initials)

- Implemented
- Not Implemented

TWIN OAKS PERSONAL CARE HOME

21470

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 #3 is prescribed Amlodipine. However, the medication administration record does not indicate the dose of the medication.

Resident #3's MAR's indicate 4000IU of Vitamin E but the medication order indicates only 400IU.

Resident #4's received a PRN order of Benadryl on 2/8/20 and 2/9/20. The home did not document the resident's medication administration record if the medication was effective.

REPEATED VIOLATION 2-27-19

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.)

Dosages on the MAR were immediately corrected. Staff was reminded to document effectiveness of PRN medication. Administration will ensure ongoing compliance.

Legal Entity Representative

Marsha Pepper
Signature

Marsha Pepper Administration 3-9-20
Printed Name and Title Date

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