



Mailing Date: May 21, 2020

Mr. Dustin Miller
Administrator
Rebecca's Personal Care Home, Inc.
118 Masters Avenue
Everett, Pennsylvania 15537

RE: Rebecca's at Everett
License #: 324070

Dear Mr. Miller:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 13, 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 "Brett Swanger". The signature is written in a cursive style.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *REBECCA'S AT EVERETT*

License Number: *32407*

Address: *118 MASTERS AVENUE,, EVERETT, PA 15537*

County: *BEDFORD*

Region: *CENTRAL*

Administrator

Name: *Stephenie Russell*

Phone: *8146522834*

Email: *srussell@rebeccaspch.com*

Legal Entity

Name: *REBECCA S PERSONAL CARE HOME INC*

Address: *118 MASTERS AVENUE, EVERETT, PA, 15537*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *12/09/1996*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *30*

Waking Staff: *23*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

03/13/2020 - On-Site: Cybil Bomberger, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *37*

Residents Served: *25*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *11*

Are 60 Years of Age or Older: *22*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *5*

Have Physical Disability: *0*

REBECCA'S AT EVERETT

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

The home did not obtain an FBI background check for staff person A, date of hire 9/25/19, who had not been a resident of Pennsylvania for two full years prior to beginning this employment.

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 audit all Staff records to ensure that all staff have their background checks and will immediately have staff person A FBI background check done before she come back to work. The administrator will reexamine all new staff documents to ensure that each staff person has the proper documentation needed to work Rebeccas. The audit for this will be done on April,29,2020.

Legal Entity Representative

Stephen Russell
Signature

Stephen Russell Administrator
Printed Name and Title

4/10/20
Date

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

The above plan of correction is approved as of

4/21/20
(Date)

Plan of correction implementation status as of

5/21/2020
(Date)

X Implemented

Not Implemented

The above plan of correction was approved by

BAS
(Initials)

REBECCA'S AT EVERETT

132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The fire drill records for the sleeping hours fire drills conducted on 4/17/19 at 5:30 AM and 9/22/19 at 5:45 AM indicate that 3 staff persons participated in the fire drills. The home is routinely staffed with 2 staff persons overnight. On the identified drills, a Hospice Agency staff person participated in the evacuation.

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 conduct a night time fire Drill with the 2 aides that are on shift and time the fire drill in order to be in compliance and to ensure that having two direct care staff on night shift are able to get all of the residents out in the time limit allowed. The Staff is having a virtual fire drill training that includes who is to participate in the fire drill and why this is important in case of a fire. We are to have this on April, 26, 2020. There will also be monthly review on the fire drill log to ensure that the drill are being held and recorded properly.

Legal Entity Representative

Stephen Russell
Signature

Stephen Russell Administrator 4/10/20
Printed Name and Title Date

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REBECCA'S AT EVERETT

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

The medical evaluation for Resident #1 did not include the date that the resident was evaluated. In addition the field for prescribed medications was completed with "See Attached", however there was no attachment.

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 Audited each Residents DME on April, 10, 2020. The Administrator will fill out the DME as much as possible before sending it to the Doctor and review each DME after the doctor to ensure it is completely filled out before filing it in the residents Records.

Legal Entity Representative

Stephen Russell
Signature

Stephenie Russell Administrator 4/10/20
Printed Name and Title Date

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X Implemented

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REBECCA'S AT EVERETT

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 following resident's blood sugar levels that were tested were not accurately recorded in the resident's medication administration records:

Resident #	Date/time	Glucometer Reading	BS # Recorded
#3	3/5/2020 7:54 AM	163	168
#3	3/6/2020 4:56 PM	130	131
#4	3/2/2020 8:41 AM	118	109

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 audit blood glucose meters and blood glucose records and compare the records with meters. This will be done on a bi-weekly basis. If errors found the medication tech on duty will take re-take the diabetes training. This will be done for an 8 week period unless errors are found then will continue until no errors are found.

Legal Entity Representative

Stephen Russell
Signature

Stephanie Russell Administrator 4/10/20
Printed Name and Title Date

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

REBECCA'S AT EVERETT

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's initial assessment was completed on 1/1/2020, more than 15 days after the resident's admission to 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 will incorporate the care suite system that is used for the MARS. This system has a calendar on it that the administrator will use to mark down the 15th of day a new resident admission. This will then remind the Administrator about it every time they log in until it is completed. The Administrator will also check through each resident file the 2nd of every month to ensure that all residents records are in date and completed.

Legal Entity Representative

Stephanie Russell
Signature

Stephanie Russell Administrator
Printed Name and Title

4/20/20
Date

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REBECCA'S AT EVERETT

32407

252 - Record Content

Regulations

2600.

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

Description of Violation

The resident records for Residents #1, #2, #3, and #4 did not contain information documenting the resident's eye color and hair color.

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.)

Residents Face sheets and records have all been modified to have their Hair and eye color added to their face sheets and records. The administrator will audit a residents records and facesheets to ensure that all face sheets have everything that is needed in the guide 2600.252

Legal Entity Representative

Stephanie Russell
Signature

Stephanie Russell Administrator 4/10/20
Printed Name and Title Date

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