



SENT VIA EMAIL: [court@jmhc.us](mailto:court@jmhc.us)  
[jeffmanor15825@comcast.net](mailto:jeffmanor15825@comcast.net)

MAILING DATE: May 22, 2020

Ms. Misty S. Fleming  
Administrator  
Jeffco Health Services, Inc.  
417 Route 28  
Brookville, Pennsylvania

RE: Penn Highlands Jefferson Manor P.C.  
Certificate #: 406240

Dear Ms. Fleming:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 22, 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 "L. Mazza". The signature is stylized and cursive.

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**RECEIVED****Violation Report**

5/7/2020

**Facility Information**

Name: *PENN HIGHLANDS JEFFERSON MANOR P. C.*  
 Address: *417 RT. 28, BROOKVILLE, PA 15825*  
 County: *JEFFERSON* Region: *WESTERN*

Western Region Field Office  
 Bureau of Human Services Licensing  
 License Number: *40624*

**Administrator**

Name: *Brandi Butler* Phone: *8148492071* Email: *NHA@JMHC.US* *court@jmhc.us*

**Legal Entity**

Name: *JEFFCO HEALTH SERVICES INC*  
 Address: *417 RT. 28, BROOKVILLE, PA, 15825*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/09/1999* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

**Inspection**

Type: *Partial* Reason: *Incident* BHA Docket #: Notice: *Unannounced*

**Inspection Dates and Department Representative**

*04/22/2020 - On-Site: Ashley Roser*

**Resident Demographic Data as of Inspection Dates****General Information**

License Capacity: *48* Residents Served: *36*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *2nd Floor* Capacity: *24* Residents Served: *14*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *36*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *17* Have Physical Disability: *0*

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 doors at the main entrance of the home were locked from the inside, obstructing this egress route.

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.)

Doors were unlocked the next day after phone conversation with Ashley Roser from DHS. Doors were only locked due to the Covid 19 Virus but still able to be opened via a push button or automatically if alarms went off. All other doors were unlocked.

Administrator or designee will monitor that the door is unlocked daily.

Legal Entity Representative

Brandi Butler  
Signature

Brandi Butler


05/06/2020

Printed Name and Title

Date

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The above plan of correction is approved as of 5/7/2020  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 5/18/2020  
(Date)

- Implemented
- Not Implemented

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's most recent assessment was completed on 1/21/20; however, the resident's previous assessment was completed on 2/20/18.

Resident #1's most recent assessment, dated 1/21/20, indicates the resident is independent with ambulation, transferring in/out of bed/chair and turning/positioning in bed/chair; however, the resident had multiple unwitnessed falls at bedside and in the resident's room, to include on 2/9/20, 3/20/20, 4/6/20 and 4/17/20.

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.)

- Addendum completed for changes of care.
- Resident is in Physical therapy, trying to obtain a hospital bed so its easier to get in and out of. Resident assessed by PCP 5/13/20 for PCP notes for insurance. Education provided on changes and resident verbalized understanding.
- \* RAC or designee will complete a review of all charts to ensure DME and RASP are current by 6-5-2020.
- \* An excel sheet will be completed to list dates of current DME/RASP.
- \* Addendum will be updated for resident as care changes by Legal Entity Representative RAC or designee.

Brandi Butler  
Signature

Brandi Butler Administrator  
Printed Name and Title  
Date 5/13/20

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(Date)

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- Not Implemented

227d - Support Plan Medical/Dental

Regulations

2600. 227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

According to staff person A, the home's administrator, resident #1 requires 2 hour checks by direct care staff persons due to the resident's frequent falls; however, resident #1's most recent support plan, dated 1/21/20, does not indicate the resident's need for 2 hour checks.

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.)

- \* Addendum completed for care changes. Resident educated on changes, with verbalized understanding.
- \* Care changes will be completed as they occur on Addendum for RASP attachment.
- \* RAC or designee will add changes of care to an addendum as they occur.
- \* All orders will be seen by RAC or designee to ensure changes will be added to addendum as they occur.

Legal Entity Representative

Brandi Butler  
Signature


Brandi Butler Administrator  
Printed Name and Title

Date 5-13-20

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