

Department of Human Services  
Bureau of Human Service Licensing

November 16, 2020

MISTY FLEMING, NH ADMINISTRATOR  
JEFFCO HEALTH SERVICES INC  
417 RT. 28  
BROOKVILLE, PA 15825

RE: PENN HIGHLANDS JEFFERSON  
MANOR P. C.  
417 RT. 28  
BROOKVILLE, PA, 15825  
LICENSE/COC#: 40624

Dear Ms. Fleming,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2020, 09/18/2020, 10/28/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *PENN HIGHLANDS JEFFERSON MANOR P. C.* License #: *40624* License Expiration Date: *11/24/2020*  
 Address: *417 RT. 28, BROOKVILLE, PA 15825*  
 County: *JEFFERSON* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *JEFFCO HEALTH SERVICES INC*  
 Address: *417 RT. 28, BROOKVILLE, PA, 15825*  
 Phone: *8148492071* Email: *NHA@JMHC.US*

**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: *68* Waking Staff: *51*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *09/28/2020*

**Inspection Dates and Department Representative**

*09/17/2020 - On-Site: Karen Georgoulis*  
*09/18/2020 - Off-Site: Karen Georgoulis*  
*10/28/2020 - Off-Site: Karen Georgoulis*

**Resident Demographic Data as of Inspection Dates**

**General Information**

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

**Secured Dementia Care Unit**

In Home: *Yes* Area: *2nd floor* Capacity: *24* Residents Served: *19*

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *31*  
 Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *20* Have Physical Disability: *0*

## Inspections / Reviews

## 09/17/2020 - Partial

Lead Inspector: *Karen Georgoulis*Follow-Up Type: *POC Submission*Follow-Up Date: *10/23/2020*

## 10/16/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *10/21/2020*

## 11/16/2020 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated 7/22/2020, for resident #1 indicates the resident requires total 24-hour direct supervision. However, the home was not providing direct supervision 24 hours a day or one-on-one supervision. The resident’s supervision needs were being done periodically throughout a shift with no frequency indicated, except daily.

Plan of Correction

Accept

Resident is no longer at facility. Misunderstanding of 24 hour supervision requirements. Review all Rasp with secondary person checking rasp, Administrator or designee to ensure rasp details are correct and accurate.

Completion Date: 10/15/2020

Document Submission

Implemented

Rasp was revised for supervision needs. Secondary person reviewed

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 7/22/2020, resident #1 was discharged from a hospital psychiatric admission back to the home. The resident is often found wandering naked into other residents’ bedrooms and has gotten into the occupied beds of other residents naked, has been sexually inappropriate with residents and staff, and has barricaded him/herself into bedrooms and bathrooms with other residents. The home has not developed or implemented positive interventions to address these behaviors.

Plan of Correction

Accept

Resident is no longer at facility. Resident came back to facility for a very short time period before discharging him in which he did not have this type of behavior after being at psychiatric stay. Within the short time period he was here it was unable to be establish what would be effective for this behavior within the short time period that he was here. Facility will review all rasp to ensure if there is behaviors of a resident that there is positive techniques to defuse the situations that may arise. A secondary person, the administrator or designee will review the rasp to ensure completion of this task.

Completion Date: 10/15/2020

Document Submission

Implemented

Rasp was revised was revised for positive interventions for behaviors. A secondary person reviewed changes.