

Department of Human Services  
Bureau of Human Service Licensing

August 20, 2021

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/18/2021, 02/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *PENN HIGHLANDS JEFFERSON MANOR P. C.* License #: *40624* License Expiration Date: *11/24/2021*  
Address: *417 RT. 28, BROOKVILLE, PA 15825*  
County: *JEFFERSON* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *8148492071* Email: [REDACTED]

**Legal Entity**

Name: *JEFFCO HEALTH SERVICES INC*  
Address: *417 RT. 28, BROOKVILLE, PA, 15825*  
Phone: *8148492071* Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/19/2021*

**Inspection Dates and Department Representative**

*02/18/2021 - On-Site:* [REDACTED]  
*02/19/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *48* Residents Served: *32*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *2nd Floor* Capacity: *24* Residents Served: *17*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *17* Have Physical Disability: *0*

## Inspections / Reviews

02/18/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/28/2021*

4/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/06/2021*

6/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/16/2021*

8/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

97 - Elevators/Lifting Devices

1. Requirements

2600.

- 97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The home's elevator does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority. The certificate expired 1/31/21.

Plan of Correction

Accept

Elevator was inspected on 09-20-20 and last on 03-02-21 per the 6 month compliance however due to Covid the license are behind being sent out. Please find attached license that shows initials of inspector that elevator was inspected within compliance time.

Completion Date: 05/03/2021

Document Submission

Implemented

already sent

101j5 - Bedside Table/Shelf

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident #1's bed in bedroom [REDACTED].

Plan of Correction

Accept

Resident did have a bedside table however [REDACTED] moves it all the time throughout [REDACTED] room. [REDACTED] had it placed in front of dresser at time of walk in. DCS will check each shift that residents tables are by bedside. Designee or administrator will ensure that this is being completed each shift for 4 weeks and then weekly inspection for an additional 2 months.

Completion Date: 03/26/2021

Document Submission

Implemented

attachment

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept

Resident did have a bedside lamp for on bedside table, however [redacted] moves it all the time throughout [redacted] room. [redacted] had it placed lamp on stand by [redacted] recliner. DCS will check each shift that residents lamps are by bedside. Designee or administrator will ensure that this is being completed each shift for 4 weeks and then weekly inspection for an additional 2 months.

Completion Date: 03/26/2021

Document Submission

Implemented

attachment

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/17/20 resident #2 was prescribed [redacted], apply sparingly to reddened areas 3x daily up to 10 days. However, on 2/18/21, the medication was in the home.

Plan of Correction

Accept

Medication cart audit will be completed weekly by medication tech to ensure only current medications are in cart. Designee or administrator will follow up with cart audit monthly for 3 additional months. Diamond pharmacy generally does cart audits at facility but has been unable to due to Covid. Cart audits completed 4/7/21, 4/13/21, 4/20/21, 4/27/21, 5/4/21, 5/11/21, 5/18/21, 5/25/21, 6/1/21, 6/8/21

Completion Date: 06/15/2021

Document Submission

Implemented

already sent

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

Designee or Administrator will review all prescreens for completion prior to resident move in. All prescreens will be audited by Administrator / designee for completion by 6/30/21

Completion Date: 06/15/2021

224a - Preadmission Screen Form (continued)

Document Submission

Implemented

see attached. sent

227d - Support Plan Medical/Dental

1. Requirements

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 Repeat Violation

Resident #2's initial assessment, dated [redacted], indicates multiple diagnoses, to include the following: [redacted] [redacted] However, [redacted] initial support plan, dated 4/6/2020, does not document how the home will meet these needs.

Repeat Violation: 04/22/2020

Plan of Correction

Directed

All medications and treatment plans signed by residents PCP are attached to each support plan. Designee or Administrator will ensure each item is wrote on Rasp and signed medication/Treatment list to ensure there is no confusion by required due dates of rasp completion. Rasp edited to reflect medications/ treatments.

Directed-

Within 15 days of receipt and monthly thereafter, the administrator or designated staff person shall audit all resident support plans to ensure they are complete, accurate and indicate the care and services the home will provide to the resident. Any missing, outdated or inaccurate information discovered shall immediately be updated. Documentation shall be kept.

S.Q. 6/30/21

Completion Date: 05/03/2021

Document Submission

Implemented

already sent

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident’s physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #3's initial support plan, dated [redacted], does not include the following diagnoses as listed on [redacted] initial medical evaluation, dated 9/15/2020: [redacted]

234b - Support Plan Needs Elements (continued)

**Plan of Correction**

**Directed**

*All medications and treatment plans signed by residents PCP are attached to each support plan. Designee or Administrator will ensure each item is wrote on Rasp and signed medication/Treatment list to ensure there is no confusion by required due dates of rasp completion. Rasp was edited to show the medication/ treatment list items that were attached.*

**Directed-**

*Within 15 days of receipt and monthly thereafter, the administrator or designated staff person shall audit all resident support plans to ensure they are complete, accurate and indicate the care and services the home will provide to the resident. Any missing, outdated or inaccurate information discovered shall immediately be updated. Documentation shall be kept.*

**S.Q. 6/30/21**

Completion Date: 05/03/2021

**Document Submission**

**Implemented**

*already sent*