

Department of Human Services
Bureau of Human Service Licensing

September 27, 2021

[REDACTED], PRESIDENT/ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: ROSE OF SHARON HOME, INC.
135 MAIN STREET, PO BOX 336
SAINT MICHAEL, PA, 15951
LICENSE/COC#: 33206

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/15/2021 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: *ROSE OF SHARON HOME, INC.* License #: *33206* License Expiration Date: *07/10/2021*
Address: *135 MAIN STREET, PO BOX 336, SAINT MICHAEL, PA 15951*
County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/14/1992* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/16/2021*

Inspection Dates and Department Representative

04/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *17*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

04/15/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/28/2021*

Inspections / Reviews *(continued)*

9/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/28/2021*

9/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Direct Care Staff Person A was the only staff person who worked overnight on Friday, 4/2/21 and Friday, 4/9/21. Direct Care Staff Person A's CPR and First Aid certification expired in 2019.

Plan of Correction**Accept**

Direct Care Staff Person A received [REDACTED] CPR and First Aide certification from [REDACTED] full- time job with the school system. However, Administrator was not able to obtain a copy of [REDACTED] certification. Once the pandemic hit, it was very difficult to recertify. Even the school system did not recertify due to the pandemic. With our Home being short-staffed, again because of the pandemic, we had very little options. As you know, CPR and First Aid was not able to be obtained virtually. Staff Person A has worked for us on and off for years. Administrator is confident that [REDACTED] has the skills needed to handle any emergency situation.

Administrator has finally been able to schedule a recertification CPR and First Aid class for Staff Person A on Wed., June 2, 2021 at 6 pm. Administrator will ensure that there is at least 1 staff person in the building at all times who is currently certified in CPR and First Aid.

Completion Date: 06/02/2021

Document Submission**Implemented**

All steps have been completed.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency service numbers posted on or nearby the telephones in the bedrooms of Residents 1 and 2.

Plan of Correction**Accept**

Administrator is well aware of the importance of posting emergency telephone numbers by each telephone. Administrator takes full responsibility for inadvertently failing to post the necessary phone numbers by the telephones in bedrooms of Residents 1 and 2.

Administrator posted the required emergency telephone numbers while the Inspector was still in the building conducting our annual inspection. Administrator will ensure that all phones in our Home have the required emergency telephone numbers posted by each phone.

Completion Date: 04/15/2021

Document Submission**Implemented**

All steps have been completed.

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

A bottle of [REDACTED] with a prescription label was sitting on top of Resident 3's dresser. This medication was accessible to anyone entering the resident's room.

Plan of Correction

Accept

Administrator removed the [REDACTED] powder from Resident 3's room during the annual inspection. Administrator disposed of powder and it is no longer accessible to anyone. Administrator is well aware of the importance of keeping medications locked and inaccessible to residents and apologizes for the oversight.

Administrator will re-educate all staff on 2600.183.b via staff memo by 5-24-21. Administrator will ensure that all staff understand the importance of continued compliance.

Completion Date: 05/24/2021

Document Submission

Implemented

All steps have been completed.

185a - Implement Storage Procedures

1. Requirements

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 home has not implemented procedures to detect missing medications as evidenced by controlled substances not being counted at the beginning and end of each shift. The controlled substances include Resident 2's [REDACTED] and Resident 3's [REDACTED] both of which went uncounted from the afternoon of 4/14/21 until the medication audit occurred on the afternoon of 4/15/21.

Plan of Correction

Accept

Administrator acknowledges that 2 controlled substances were not counted properly from 4/14/21 to 4/15/21. Administrator understands the importance of properly counting controlled substances.

Administrator will re-educate all Med Tech Staff on 2600.185.a. via staff memo by 5-24-21. Administrator will ensure that all staff understand the importance of continued compliance. Manager will monitor all controlled substances logs to ensure that proper counting is occurring on each shift.

Completion Date: 05/24/2021

Document Submission

Implemented

All steps have been completed.

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident 2 is prescribed [redacted] to be administered twice daily. The medication administration record indicates that this cream was given on multiple days in April of 2021, including 4/2, 4/5, 4/7, and 4/10, however, the resident states she has refused this medication for more than a year.

Plan of Correction

Accept

Resident 2's Nystatin Cream was discontinued by her physician on 4-21-21 as Resident 2 has not used this cream for an extended period of time. The medication administration record that reflected administration of this cream were in fact typing errors by the Med Tech staff.

Administrator will re-educate all Med Tech staff on the importance of properly recording both administered meds and refusals or other exceptions. This education will be via staff memo by 5-24-21. Staff will be instructed to alert the Manager or Administrator when a resident refuses a medication to ensure continued compliance of 2600.187.c.

Completion Date: 05/24/2021

Document Submission

Implemented

All steps have been completed.