



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail penstatebest@gmail.com  
January 24, 2022**

[REDACTED], Administrator  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: Haskins House  
1009 Rhoads Avenue  
Secane, Pennsylvania 19018  
License #: 13855

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on June 17 and September 2, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *HASKINS HOUSE* License #: *13855* License Expiration Date: *07/05/2022*  
Address: *1009 RHOADS AVENUE, SECANE, PA 19018*  
County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/28/1997* Issued By: *COPA - Labor of Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/18/2021*

**Inspection Dates and Department Representative**

*06/17/2021 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *22* Residents Served: *20*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *15*  
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *4*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**06/17/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2021*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Resident #1 passed away unexpectedly. The home did not submit an incident report to the Department.

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 [redacted]:**

By 8/31/21, all staff persons will be educated on the home's policy and procedures and the criteria for reportable incidents and conditions including the reporting requirements. Documentation of education shall be provided to the Department.

Starting 9/1/21 and continuing for three months, the administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

Completion Date:

Implemented 9/14/21 [redacted]

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate.

The home's Certificate of Boiler or Pressure Vessel Operation, issued by The Commonwealth of Pennsylvania Department of Labor & Industry on 10/30/2018, expired on 10/16/2020.

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 [redacted]**

By 8/21/21, the administrator will obtain the updated boiler certificate.

By 8/31/21, the administrator will set a reminder schedule the inspection of the boiler prior to the expiration of the existing boiler certificate.

Completion Date:

25c2 - Fee Schedule

1. Requirements

2600.

25c2 - Fee Schedule (continued)

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home charges specified amounts for individual personal needs services. The resident-home contract , dated 02/24/20, for resident #2 does not include a fee schedule of actual amounts charged for available services.

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21**

By 8/31/21, all staff persons involved with new admissions will be educated on completing contracts including the monthly rates for room and board and the cost for a bed hold. Documentation of education will be provided to the Department.

By 8/31/21, the administrator or designated staff person will review all current and newly completed contracts for accuracy and completion to ensure all contracts include a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services. Documentation of audit will be provided to the Department.

Completion Date:

Implemented 9/14/21

25b SOPb1 - Rent Rebate: Amount Collected

1. Requirements

2600.

- 25b.b.1. If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following: The dollar amount or percentage of the rent rebate to be collected.

Description of Violation

The resident-home contract, dated [redacted] for Resident #2 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21**

By 8/31/21, all staff persons involved with new admissions will be educated on completing contracts including the indication of if a home collects a portion of the resident's rent rebate. Documentation of education will be provided to the Department.

By 8/31/21, the administrator or designated staff person will review all current and newly completed contracts for accuracy and completion to ensure all contracts include information as to the home's intention of collecting a portion of the resident's rent rebate. Documentation of audit will be provided to the Department.

Completion Date:

Implemented 9/14/21

25b SOPc - Rent Rebate: Signed Statement

1. Requirements

2600.

25b SOPc - Rent Rebate: Signed Statement (continued)

25b.c. A statement signed by the resident, and the resident’s designated person if applicable, at the time of admission, informing the resident that the information required in subsection (a) is to be kept in the resident’s record.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident #2 does not include a statement signed by the resident and the resident’s designated person (if applicable), at the time of admission, that the resident has been informed that information related to rent rebate collection by the home will be kept in the resident’s record.

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 [REDACTED]:**

By 8/31/21, the administrator will review all resident contracts to ensure that all residents have signed a statement acknowledging the home’s intentions to collect a portion of the resident’s rent rebate. Documentation of audit will be provided to the Department.

Completion Date:

Implemented 9/14/21 [REDACTED]

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not implemented its quality management plan as it has not conducted a quality management review since 4/2/19.

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 [REDACTED]**

By 8/31/21, the home will conduct a quality management review which includes a review of all of the required components in accordance with regulation 2600.26b. Documentation of the review shall be provided to the Department.

Completion Date:

[REDACTED]

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident #2’s record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e - Signed Statement (continued)

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 [REDACTED]:**

*By 8/31/21, the administrator or designated staff person will review all resident records to ensure each resident has received a copy of the resident rights and there is documentation each resident and, if applicable, the resident's designated person have received a copy of the resident rights. Proof of the audit will be provided to the Department.*

Completion Date:

Implemented 9/14/21 [REDACTED]

51 - Criminal Background Check

1. Requirements

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 Repeat Violation

*Staff member A, hired on [REDACTED], does not have a criminal background check.*

*Staff member B, hired on [REDACTED], does not have a criminal background check.*

*Repeated Violation: 1/28/2020*

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 [REDACTED]:**

*By 8/15/21, the administrator or designee shall review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be provided by the Department.*

*By 8/31/21, the administrator and any staff person involved in the hiring and retention of staff shall review the Older Adult Protective Services Act. Documentation of the review shall be provided to the Department.*

Completion Date:

[REDACTED]

54a - Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
  - 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

**Description of Repeat Violation**

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeated Violation: 1/28/2020

**Plan of Correction**

**Directed**

**Directed Plan of Correction 8/10/21 CM:**

Staff person B will not be permitted to provide direct care services in the home until they have met the educational qualifications.

By 8/11/21, the administrator will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation will be kept in the staff records. Only those staff persons who meet the direct care staff qualifications will provide direct care services.

Beginning 8/11/21 and continuing for three months, the administrator will review direct care staff schedules at least weekly to ensure staffing is provided to meet the needs of the residents as specified in the resident's assessments and support plans to include assistance with transferring. Direct care staff persons shall be available to provide at least two hours a day of personal care services to residents who have mobility needs.

By 8/31/21, the administrator will develop and implement a system to ensure that all direct care staff meet the qualifications in accordance with regulation 2600.54(a) before providing any direct care services.

By 8/31/21, all staff persons involved in the hiring and retention of staff including the administrator will be educated on the direct care staff educational qualifications. Documentation of training shall be kept.

Completion Date:

Implemented 9/14/21

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 Repeat Violation**

On 6/13/21, from 9 pm to 7am, 21 residents were present in the home. During this time no staff persons was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Repeated Violation: 1/28/2020

63a - First Aid/CPR Training (continued)

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21** [REDACTED]

*By 8/11/21, The administrator will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times.*

*The administrator will audit the schedule weekly to ensure staff persons meeting the requirement are scheduled and present in the home.*

*By 8/31/21, all direct care staff will receive current first aid and CPR training from an individual certified as a trainer by a hospital or other recognized health care organization.*

Completion Date:

Implemented 9/14/21 [REDACTED]

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

**Description of Repeat Violation**

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Repeated Violation: 1/28/2020

**Plan of Correction**

**Directed**

**Directed Plan of Correction 8/10/21 CM:**

By 8/15/21, the administrator or designee will review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) including, evacuation procedure; staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

By 8/15/21, Documentation of the staff persons A & B's training shall be provided to the Department.

By 8/31/21, the administrator or designee will review all new staff person training records to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation that meet requirements in accordance with regulation 2600.65a.

By 8/31/21, the administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation on or before the first work day and the documentation of training is kept in the staff person's record.

Completion Date:

Implemented 9/14/21 [REDACTED]

65b - Rights/Abuse 40 Hours

**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.

65b - Rights/Abuse 40 Hours (continued)

- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

**Description of Repeat Violation**

Staff person A completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Repeated Violation: 1/28/2020

**Plan of Correction**

**Directed**

**Directed Plan of Correction 8/10/21** [REDACTED]

By 8/15/21, Staff Persons A and B will receive training on topic not received including where applicable: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, reporting of incidents and conditions

By 8/31/21, all staff persons involved in the hiring and retention of staff will be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(b). Documentation of education will be provided to the department.

By 8/31/21, the administrator or designee will review all training records for newly hired staff or staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2600.65(b). Documentation of the audit will be provided to the Department.

By 8/31/21, the administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours and the documentation of training is kept in the staff person's record. This system will be provided to the Department.

Completion Date:

Implemented 9/14/21 [REDACTED]

65c - Ancillary Staff Orientation

**1. Requirements**

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

**Description of Violation**

Ancillary staff person A, whose first day of work was [REDACTED], did not have a general orientation to his/her specific job functions.

65c - Ancillary Staff Orientation (continued)

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21** [REDACTED]

*By 8/11/21, Staff Person A shall receive a general orientation to his/her specific job functions. Proof of training will be provided to the Department.*

*By 8/31/21, the administrator or designee will review all training records for newly hired staff or staff hired within the past year to ensure all staff persons including ancillary staff persons, have received a general orientation to his/her specific job functions. Documentation of the audit will be provided to the Department.*

*By 8/31/21, the administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation and the documentation of training is kept in the staff person's record. This system will be provided to the Department.*

Completion Date:

Implemented 9/14/21 [REDACTED]

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

**Description of Repeat Violation**

*Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.*

*Repeated Violation: 1/28/2020*

65d - Initial Direct Care Training (continued)

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21**

8/10/21: Staff person D will not be permitted to provide unsupervised direct care services until the training requirements of 2600.65d have been met. Documentation of training shall be kept.

By 8/11/21, the administrator or designee shall review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.65(d) and the documentation is in the staff records. If direct care staff qualifications are not met, staff will be assigned a position which does not include providing direct care services. Only those staff persons whom meet the direct care staff qualifications will provide direct care services. Documentation of audit will be provided to the Department.

By 8/31/21, the administrator will develop and implement a tracking system to ensure all direct care staff persons have met all of the requirements of regulation 2600.65d prior to providing unsupervised direct care services. A copy or example of the tracking system will be provided to the Department

Completion Date:

Implemented 9/14/21

66a - Staff Training Plan

1. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Repeat Violation

The home does not have a staff training plan for 2021. Training Year is from February through July.

Repeated Violation: 1/28/2020

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21**

By 8/15/21, the administrator will develop and implement a 2021 staff training plan which includes all components of 2600.66b including: the name, position and duties of each staff person; the required training courses for each staff person and the dates, times, and locations of the scheduled training. Documentation will be provided to the Department.

Completion Date:

Implemented 9/14/21

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [redacted] at 10:45 am, a snow blower was in the back yard causing a tripping hazard when exiting the back door to the patio.

100a - Exterior - Free of Hazards (continued)

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 CM:**

*Beginning 8/11/21 and continuing daily for 30 days, then weekly for three months, the administrator or designee shall conduct an assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. Any hazards will be immediately corrected. Documentation of initial week's audits will be provided to the Department. The remainder of the audits will be provided to the Department upon request.*

*By 8/31/21, all staff persons will be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. Documentation of education will be provided to the Department.*

Completion Date:

Implemented 9/14/21

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

*The home does not have any documentation that the furnace has been inspected or serviced.*

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21**

*By 9/30/21, the home will ensure that the furnace has been inspected by a professional furnace cleaning company or a trained maintenance staff person. The invoice/report will be provided to the Department.*

*Annually beginning 10/1/21, the administrator will monitor the furnace inspection records to ensure the furnace is inspected annually by a professional furnace cleaning company or trained maintenance staff person.*

Completion Date:

Implemented 9/14/21

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Repeat Violation

*On 6/17/21 [redacted] was present in the medication cart. According to the manufacturer's instructions, unused portions of this medication is to be discarded after 28 days from the date of opening. The medication was not labeled with the date the medication was opened.*

*Repeated Violation: 1/28/2020*

183e - Storing Medications (continued)

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 CM:**

*Starting 8/11/21 and continuing weekly for three months, the administrator will check all medications to ensure no medications are expired and that all insulin vials/pens are dated and labeled when opened.*

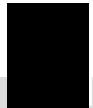
*By 8/31/21, all staff persons administering medication will be re-educated on medication administration and storage practices including dating of insulin. Documentation of the training will be provided to the Department.*

*By 8/20/21, the administrator will review and update the policy and procedures for the safe and secure storage of medications and controlled substances, including that all medications are properly packaged and stored and that there are no unpackaged or loose medications in the medication cart.*

*By 8/31/21, all staff persons administering medications will be educated on the updated policy and procedures for the safe and secure storage of medications and controlled substances including that all medications are properly packaged and stored including that there are no unpackaged or loose medications in the medication cart.*

Completion Date:

Implemented 9/14/21



187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #2 is prescribed [redacted] with instructions to hold the medication if the resident's systolic blood pressure is less than 100. On 6/16/21 at 8 pm, the systolic reading was 92, and the medication was administered.*

*On 6/06/21 and 06/09/21 at 8 am, the home did not obtain Resident #2's blood pressure reading before administering medication.*

*Resident #2's June 2021 MAR for the administration of [redacted] on a sliding scale dosage is not legible. It cannot be determined if the home is following the physician's orders.*

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 [REDACTED]:**

*By 8/11/21, the administrator or designee will review all occurrences of medication errors to ensure all regulatory reporting requirements in accordance with regulations 2600.16(c) and 2600.188 have been met.*

*Starting 8/11/21 and continuing for three months, the administrator will monitor the MAR and the administration of resident medication, including insulin, at least weekly to ensure the orders of the prescriber is being followed. Documentation will be provided to the Department.*

*By 8/31/21, all staff persons qualified to administer medications will be re-educated on the proper procedure for medication administration, by a Department-approved medication administration Train-the-Trainer, including documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of education will be provided to the Department.*

*By 8/31/21, a Department-approved medication Train-the-Trainer shall observe at least two medication administrations and conduct at least two MAR reviews for each staff person qualified to administer medications. Documentation shall be kept on a Department-approved form.*

*By 8/31/21, the administrator will develop a system for tracking blood glucose levels and insulin administration for any resident who is insulin-dependent. This system will include proper documentation of blood glucose levels taken prior to administration of insulin, insulin administration according to physician's order and following a sliding scale, and recording the dose of insulin administered*

Completion Date:

Implemented 9/14/21 [REDACTED]

191 - Resident Right to Refuse

1. Requirements

2600.

- 191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

*Resident #2, admitted [REDACTED], has not been educated of the right to refuse medication if the resident believes that there may be a medication error.*

191 - Resident Right to Refuse (continued)

Plan of Correction

Directed

**Directed Plan of Correction 8/10/21 CM:**

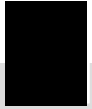
*By 8/15/21, the administrator or designee shall educate resident all residents on their right to question of refuse medication if the resident believes there may be a medication error. Documentation shall be provided to the Department.*

*By 8/15/21, the administrator or designated staff person will review all current resident records to ensure all residents have been educated on the right to question of refuse medication if the resident believes there may be a medication error and the proper documentation is in the resident's record. Documentation of audit shall be provided to the Department.*

*By 8/31/21, all staff persons involved in the admissions process will be educated on educating residents on the right to question of refuse medication if the resident believes there may be a medication error and documenting the education.*

Completion Date:

Implemented 9/14/21



251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

*On Resident #2's June 2021 Medication Administration record, several items were unable to be read: blood pressure readings, blood sugar levels, number of insulin units administered, and staff initials.*

Plan of Correction

Directed

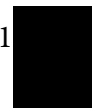
**Directed Plan of Correction 8/10/21**

*Beginning 8/11/21, and continuing for three months, The administrator will review all resident MARs at least weekly to ensure that all entries are complete and legible. Documentation of audits will be provided to the Department.*

*By 8/15/21, all staff who administers medications will be educated on proper medication administration record (MAR) entry procedures. Documentation of education will be provided to the Department.*

Completion Date:

Implemented 9/14/21



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

Facility Information

Name: *HASKINS HOUSE* License #: *13855* License Expiration Date: *07/05/2022*  
Address: *1009 RHOADS AVENUE, SECANE, PA 19018*  
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

[REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/28/1997* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *POC Verification* Exit Conference Date: *09/02/2021*

Inspection Dates and Department Representative

09/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22* Residents Served: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0/0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*  
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

09/02/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/07/2021*

10/6/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/09/2021*

10/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident #1 passed away unexpectedly. The home did not submit an incident report to the Department.

Plan of Correction

Accept

On 9/14/21 administrator faxed incident report to DHS. I was not aware that facility sends an incident report if they pass away in the hospital. In the past regulations it states that do not have to send if pass in the hospital. I am aware of the change and will send an incident report within 24 hours of incident.

Completion Date: 09/14/2021

Document Submission

Implemented

Incident report completed and faxed to DHS.

54a - Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
  - 1. Be 18 years of age or older, except as permitted in subsection (b).
  - 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
  - 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Staff person A is no longer employed at facility. Administrator and or owner will ensure that all new new direct care staff hired have HS Diploma or GED prior to start of employment. Administrator to review current employee files to ensure that staff have proper qualifications. Administrator will review employee files quarterly to ensure files complete.

Completion Date: 10/31/2021

Document Submission

Implemented

Employer no longer employed. Administrator and or owner to ensure staff has proper qualifications upon hire.

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.

63a - First Aid/CPR Training (continued)

**Description of Violation**

On 8/15/21, 8/23/21, and 8/28/21, from 3:00 PM to 4:00 PM, 20 residents were present in the home. During this time no staff persons present in the home were certified in first aid, obstructed airway techniques and CPR.

**Plan of Correction**

**Accept**

Administrator to ensure one person for every 50 residents is trained in first aid and CPR is scheduled to work. On 9/2/21 the schedule was adjusted to have the nurse remain on schedule till 4pm when their was not a certified staff member on 3-11. On 9/22/21 CPR instructor in to certify any employees who needed due to not have or expired. Employee log with dates of certification updated. Administrator and or owner will monitor record of certification in order to schedule an employee for renewal prior to expiration.

Completion Date: 09/22/2021

**Update - 10/06/2021**

Provide documentation

**Document Submission**

**Implemented**

All evening and nightshift staff trained in CPR/First Aid.

65b - Rights/Abuse 40 Hours

**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff person B completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: reporting of reportable incidents and conditions.

**Plan of Correction**

**Accept**

On 9/28/21 employee completed in-service for reportable incidents. On 10/1/21 administrator updated ancillary staff training check list to reflect in-service on reportable incidents. Administrator and or owner to monitor new employees complete all training needed prior to starting employment. Administrator to monitor employee folders when hired and every 2 months to ensure all training is completed.

Completion Date: 09/28/2021

**Update - 10/06/2021**

Provide documentation

**Document Submission**

**Implemented**

Employee completed in-nservice for reportable incidents.

**66a - Staff Training Plan****1. Requirements**

2600.

66.a. A staff training plan shall be developed annually.

**Description of Violation***The home does not have a staff training plan for 2021.***Plan of Correction****Accept***Administrator to have annual staff training plan for 2021 completed by 10/8/21. Administrator to have annual training plan completed in January for year.***Completion Date:** *10/08/2021***Update - 10/06/2021***Provide documentation***Document Submission****Implemented***Administrator developed annual training plan,*