

Department of Human Services
Bureau of Human Service Licensing

October 12, 2021

[REDACTED], OWNER/ADMINISTRATOR
RESPICENTER INCORPORATED
229 CUMBERLAND AVENUE
WAYNESBURG, PA 15461

RE: RESPICENTER INCORPORATED
545 WEST HIGH STREET
WAYNESBURG, PA, 15370
LICENSE/COC#: 44952

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/06/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *RESPICENTER INCORPORATED* License #: *44952* License Expiration Date: *01/18/2022*
 Address: *545 WEST HIGH STREET, WAYNESBURG, PA 15370*
 County: *GREENE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7248521300* Email: [REDACTED]

Legal Entity

Name: *RESPICENTER INCORPORATED*
 Address: *229 CUMBERLAND AVENUE, WAYNESBURG, PA, 15461*
 Phone: *7248521300* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *04/05/2010* 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: *10/06/2021*

Inspection Dates and Department Representative

10/06/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* Residents Served: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

10/06/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/17/2021*

Inspections / Reviews (*continued*)

10/12/2021 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *10/15/2021*

20b6 - Interest Bearing Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home manages finances for numerous residents, including resident #2. According to resident #2's cash distribution record, the resident's balance has been \$345 since 9/1/20; however, the home has not offered assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution.

Plan of Correction

Accept

Facility has been holding more than \$200.00 cash for Resident#2, for more than 2 consecutive months.

Why it happened is because resident #2 has repeatedly refused to take money when offered monthly with personal needs allowance distribution. Resident #2 insisted it be kept locked up.

To fix the problem now, administrator offered and explained to resident about opening an interest bearing account. Administrator called several Bank's inquiring into resident #2 opening an account. Resident has no photo ID to open an account and also amount of money resident has, is not enough for required balance to open an interest bearing account. So with this steps taken. Administrator explained to resident #2 that facility was not permitted to keep a sum greater than \$200.00 locked up for her. Resident agreed to take the money and signed required cash distribution record form to bring balance to zero dollors. \$0.00

To prevent this from happening again. If a resident has a sum of money that they want to keep locked up and have a balance. Administrator will explain to residents and/or family memembr that facility is only allowed to hold a balance of up to \$200.00 and no amount greater. if need be administrator will assist in making arrangements for resident to have an interest bearing account at a financial institution, for example(setting resident up with peer specialist that as able to take resident to and from bank, or getting photo ID to have to open an bank account, having family assist resident for opening an account at a bank, or setting up public transportation for resident to go to a financial institution if the desire. This will be an on going practice in the event of this type of situtation in the future.

Completion Date: 10/12/2021

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.

183d - Prescription Current *(continued)***Description of Violation**

Resident #1's bottle of Azelastine 0.15% nasal spray expired in 8/2021; however, was still present in the home.

Plan of Correction**Accept**

Resident #1 had expired bottle of nasal spray in med chart.

Why this happened, Administrator had previously ordered new bottle of nasal spray to replace one that was expiring. New bottle was in med chart at present time, but administrator forgot to discard of old bottle from med chart after new bottle was delivered.

To fix the problem now, during inspection. Administrator discarded of expired nasal spray at that time with licensing representative present. Licensing representative was able to see and verify new/current bottle had been ordered previously and was present in med chart.

To prevent this from happening again. Administrator made a schedule for both administrators of facility for weekly med chart inspections. Administrator made weekly Med chart inspection checklist sign off sheet for administrators to sign off every Monday for completing med chart inspection of meds to prevent any further expired meds being left in med chart happening again. Administrator doing weekly med chart inspection will signoff that med chart inspection completed every Monday. Inspection check list will be placed in office for visible view, so both administrators are able to monitor, track and comply with weekly med chart inspection. This practice will be weekly and on going indefinitely.

Completion Date: 10/12/2021

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on 10/4/21; however, the resident's previous assessment was completed on 9/14/20.

225c - Additional Assessment *(continued)***Plan of Correction****Accept**

Resident #1 assessment was completed on 10/04/21, which was 4 days past actual due date.

This happened due to administrator's miss calculating and counting days from last assessment date from 09/14/2021.

To prevent this from happening again. Administrator will make checklist with due dates in calendar order for every month when all RASPS assessments are due.

Steps to be taken to prevent this from happening again. Administrator will make a checklist in calendar order form, for every month with RASPS/ Assessments due date's for each resident. The checklist will be posted in the office in visible sight for both administrators to visibly see and monitor every month in order which RASPS/Assessments are due and by what date. Then the administrator completing assessment/RASPS will mark date on checklist when completed and signoff on it to insure date is calculated within correct time frame. Then second administrator will verify correct date and time frame and also sign off on checklist to have facility's both administrator's verification of correct dates to prevent any further miscalculations of dates. This checklist will be posted, reviewed weekly and indefinitely.

Completion Date: 10/12/2021

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

Correction fluid was used numerous numerous times on resident #2's cash distribution record, including the balance section of the transactions, dated 9/1/20, 10/1/20, 11/2/20 and 12/1/20.

251b - Record Entries Legible (continued)

Plan of Correction**Accept**

Correction fluid was used on Resident #2's cash distribution record on balance section.

This happened because when forwarding over balance info to start new page. Administrator carried over/ wrote wrong number in balance section on new page started and administrator used correction fluid when noticed mistake was made/written.

To fix the problem now/immediately. Administrator threw away correction fluid in the trash with licensing representative present.

To prevent this from happening again. Administrator will never buy correction fluid for office again.

The steps that will be taken to prevent this from ever happening again. Administrator simple will not have correction fluid in office from here on out. If a mistake is written on a form, administrator will draw a single line through it with initials of admin and resident to confirm and entry of the correct writing below error. So error is still visible but correction is also visible or administrator will simply make new sheet if error is written. This will be best practice now and on going.

Completion Date: 10/12/2021