

Department of Human Services
Bureau of Human Service Licensing

January 12, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]

RE: THE ADAMS HOUSE
314 FALLOWFIELD AVENUE
CHARLEROI, PA, 15022
LICENSE/COC#: 41371

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/18/2021, 10/19/2021 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

November 29, 2021

[REDACTED], OWNER
[REDACTED]
[REDACTED]

RE: THE ADAMS HOUSE
314 FALLOWFIELD AVENUE
CHARLEROI, PA, 15022
LICENSE/COC#: 41371

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/18/2021, 10/19/2021 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: *THE ADAMS HOUSE* License #: *41371* License Expiration: *03/13/2022*
Address: *314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022*
County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/14/1992* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/19/2021*

Inspection Dates and Department Representative

10/18/2021 - On-Site: [REDACTED]

10/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *21* Residents Served: *19*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

10/18/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/28/2021*

Inspection Dates and Department Representative (*continued*)

11/29/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/03/2021*

01/12/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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 A completed his/her 40th scheduled work hour on [REDACTED]. However, staff person A did not receive orientation training in any of the topics in accordance with 2600.65b.

Plan of Correction

Accept

As stated in the previous regulation violation, staff person A is no longer is employed with our home.

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will create a checkbox list to review when doing an employee file to ensure the orientation is done.

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will conduct an initial audit and then monthly audits of the home's employment records to check for completed orientations and ensure compliance with regulation 2600.65.b.

Documentation will be kept.

Document Submission

Implemented

Documentation Submitted.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/18/21 at 10:43 a.m., the trash can in the kitchen was uncovered, and there was no lid in the area.

Plan of Correction

Accept

Within 5 calendar days of receipt of the accepted plan of correction: The administrator will conduct weekly audits of the home's trash cans to check that the can has a lid and that it is on the can and ensure compliance with regulation 2600.85.d.

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirement of regulation 2600. 85.d.

Documentation of education shall be kept.

Document Submission

Implemented

Documentation provided.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation*On 10/18/21, the following items were observed:**-The door handle on resident bedroom #8's door is broken.**-The door frame for resident bedroom #10 door is misaligned and does not fully close.***Plan of Correction****Accept***Immediately, the administrator fixed the door handle of resident #8's bedroom and repaired the door frame of resident #10's bedroom and it now fully closes.**Within 5 calendar days of receipt of the accepted plan of correction: The administrator will submit pictures of the repaired door handle and door frame to ensure compliance with regulation 2600.88.a.**Within 30 days of receipt of the plan of correction - A designated staff person will monitor the home at least monthly to ensure doors, walls and ceilings are in good repair. - JRW 11/29/21***Document Submission****Implemented***Documentation provided.*

94b - Non-Skid Surface

1. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation*The exterior staircase emergency exit, leading from the second floor balcony, does not have a non-skid surface.***Plan of Correction****Accept***Immediately, the administrator replaced the staircase steps with non-slip asphalt skids.**Within 5 calendar days of receipt of the accepted plan of correction: The administrator will submit pictures of the replaced nonskid surfaces to ensure compliance with regulation 2600.94.b.**Within 30 days of receipt of the plan of correction- The administrator or designated staff person will monitor the exterior of the home at least monthly, to ensure all items, including nonskid surfaces, are in good repair. - JRW 11/29/21***Document Submission****Implemented***Documentation provided.*

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 10/18/21, the following items were observed:

-The toilet in the first floor bathroom is inoperable and does not flush.

-The cushions on the brown sofa have two large holes, measuring approximately 6 inches long, exposing the couch stuffing.

Plan of Correction

Accept

Within 5 calendar days of receipt of the accepted plan of correction: The administrator will schedule a plumber to come in to repair the first floor bathroom toilet to ensure it flushes and the bathroom is no longer inoperable and to ensure compliance with regulation 2600.95.

Within 5 calendar days of receipt of the accepted plan of correction: The administrator will replace the couch to ensure compliance with regulation 2600.95.

Within 20 days of receipt of the plan of correction - The administrator or a designee will monitor the interior of the home to ensure furniture and equipment is clean and in good repair. -- JRW 11/29/21

Document Submission

Implemented

Documentation provided.

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 #3 does not have a source of lighting that can be turned on/off at bedside.

Resident #4 does not have a source of lighting that can be turned on/off at bedside.

Plan of Correction

Accept

Immediately, the administrator has provided a lamp to both resident #3 and resident #4's bedside tables to ensure compliance with regulation 2600.101.j.

Within 7 calendar days of receipt of the plan of correction - The administrator will ensure all staff is reeducated on this requirement and are directed to monitor resident's bedside lighting daily as a part of their regular duties. -- JRW 11/29/21

Document Submission

Implemented

Documentation provided.

101o - Walls, Floors, Ceilings

1. Requirements

101o - Walls, Floors, Ceilings (continued)

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 10/19/21, 11:04 a.m., resident bedroom #7, had several water-damaged ceiling tiles, and a there was bucket on the floor under this area. According to staff person B, [REDACTED], the roof has been leaking on and off for about a year, and needs to be replaced.

Plan of Correction**Accept**

Immediately, the administrator replaced the ceiling tiles and sprayed a sealant on the inside wood.

Within 5 calendar days of receipt of the accepted plan of correction: The administrator will submit pictures of the new ceiling tiles to ensure compliance with regulation 2600.101.o.

Within 5 calendar days of receipt of the accepted plan of correction: The administrator will consult a roofer to inspect and provide a quote so we can get the roof fixed and to ensure compliance with regulation 2600.101.o.

Document Submission**Implemented**

Documentation provided.

133.1 - Exit Signs**1. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The sign for the emergency exit door located in the basement is not clearly visible. The sign is written in pen on a piece of 8 1/2" x 11 " paper. The home currently serves 19 residents.

Plan of Correction**Accept**

Immediately, the administrator provided a legible and easily visible exit sign for the basement emergency exit door to ensure compliance with regulation 2600.133.1.

Document Submission**Implemented**

Documentation provided.

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.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

Resident #5 is prescribed Insulin Lispro 100 unit/ML Pen, per sliding scale before meals and at bedtime as follows: 70-130=0, 131-180=4u, 181-240=8u, 241-300=10 u, 301-350=12u, 351-400=16u, >400=20u. The resident was administered insulin multiple times daily from 10/1/21 through 10/18/21; however, the October 2021 medication administration record (MAR) does not indicate how many units of insulin were given for any of the medication administrations.

Plan of Correction**Accept**

Immediately, our dayshift coordinator checked the MARs of all our diabetic residents requiring insulin. Our current EMAR system was successfully asking for an amount of insulin units on all other diabetic residents but it was not asking for an amount on resident #5's MAR.

Immediately, our dayshift coordinator called the pharmacy and arranged that the EMAR system now asks for an amount of insulin units on resident #5's MAR after recording that insulin was administered and to ensure compliance with regulation 2600.185.a.

Document Submission**Implemented**

EMAR available for review.

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, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

The resident-home contract includes the resident rights in it so that when the administrator completes the contract with the resident when they arrive; they are educated on the right to refuse medication and treatments. The home also includes a form-2 notes for record specifically for educating the resident on the right to refuse.

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will audit resident #2's file to ensure they have the contract completed as well as the form-2 note for the record completed to ensure compliance with regulation 2600.191.

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will conduct an initial audit and then a monthly audit of the home's files to check for the completed contract and form-2 note for record and to ensure compliance with regulation 2600.191.

Documentation of these items will be provided.

Document Submission**Implemented**

Documentation provided.

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 #5's pre-admission 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**

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will create a checkbox list to review when doing a new employee file to ensure the preadmission is complete and the determination box is filled in.

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will conduct an initial audit and then monthly audits of the residents' records to ensure compliance with regulation 2600.224.a.

Documentation will be kept.

Document Submission**Implemented**

Documentation provided.

25c11 - List of Rates

1. Requirements

2600.

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

11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #2, does not include the base charge for room and board.

Repeat Violation: 12/12/2019.

Plan of Correction**Accept**

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will correct the missing base charge for room and board for resident #2's contract with the home.

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will conduct an initial audit and then a monthly audit of the home's contracts to ensure compliance with regulation 2600.25.c.

Documentation will be kept.

Document Submission**Implemented**

Documentation provided.

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.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation training in any of the topics in accordance with 2600.65a.

Repeat Violation: 12/12/2019

Plan of Correction

Accept

Staff person A is no longer is employed with our home.

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will create a checkbox list to review when doing a new employee file to ensure the orientation is done.

Within 5 calendar days of receipt of the accepted plan of correction: The administrative assistant will conduct an initial audit and then monthly audits of the home's employment records to check for completed orientations and ensure compliance with regulation 2600.65.a.

Documentation will be kept.

Document Submission

Implemented

Documentation provided.