

Department of Human Services
Bureau of Human Service Licensing

October 18, 2022

[REDACTED]
EAST DEER PERSONAL CARE HOME INC
967 FREEPORT ROAD
CREIGHTON, PA, 15030

RE: EAST DEER PERSONAL CARE HOME
967 FREEPORT ROAD
CREIGHTON, PA, 15030
LICENSE/COC#: 43078

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/21/2022, 06/22/2022 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: *EAST DEER PERSONAL CARE HOME* License #: *43078* License Expiration: *05/19/2023*
Address: *967 FREEPORT ROAD, CREIGHTON, PA 15030*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EAST DEER PERSONAL CARE HOME INC*
Address: *967 FREEPORT ROAD, CREIGHTON, PA, 15030*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/07/2008* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/22/2022*

Inspection Dates and Department Representative

06/21/2022 - On-Site [REDACTED]
06/22/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *426*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

06/21/2022 - Full
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/09/2022*

Inspections / Reviews *(continued)*

07/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/18/2022*

07/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/22/2022*

10/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], there were unsecured, accessible and unattended resident documents in the nurse's station on the main floor, to include:

- On the left side of the desk, the J [redacted] Medication Administration Records (MARS) for all residents on the first floor, to include resident #1.
- Assorted binders on shelf above the desk, to include the first floor J [redacted] for first floor residents,
- Daily shift notes and nurses notes for residents on first floor.
- Two binders labeled [redacted] for resident #1 and #2.
- Medic Home Health Communication log with all medical information for residents on first floor.

Plan of Correction

Accept

All of the binders, the [redacted] Communication log, and daily shift notes were secured in a locked cabinet at the nursing station on 6/21/22. The current staff will be retrained by the RNs, on the storage of resident's confidential information as stated in Regulation 17. The residents' records shall be confidential, and except for emergencies, may not be accessible to anyone other than the resident, the residents designated person, if any, staff persons for the purpose of providing services to the resident, agents of the Department and long-term care ombudsman, without written consent of the resident, an individual holding the residents power of attorney for health care or health care proxy or a resident's designated person, or if a court order disclosure. The charge person will monitor the binders during their shift ensuring confidential records are locked in the nursing station cabinet.

Completion Date: 07/20/2022

Document Submission

Implemented

All of the binders, the [redacted] log, and daily shift notes were secured in a locked cabinet at the nursing station on 6/21/22. The current staff will be retrained by the RNs, on the storage of resident's confidential information as stated in Regulation 17. The residents' records shall be confidential, and except for emergencies, may not be accessible to anyone other than the resident, the residents designated person, if any, staff persons for the purpose of providing services to the resident, agents of the Department and long-term care ombudsman, without written consent of the resident, an individual holding the residents power of attorney for health care or health care proxy or a resident's designated person, or if a court order disclosure. The charge person will monitor the binders during their shift ensuring confidential records are locked in the nursing station cabinet.

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

42s - Privacy (continued)**Description of Violation**

On 6/21/22, the bathroom in bedroom # [REDACTED] and/or the door to bedroom # [REDACTED] on the main floor, is not equipped with any type of locking device to ensure the resident privacy.

On 6/21/21, the bathroom in bedroom [REDACTED] and/or the door to bedroom [REDACTED] on the second floor, is not equipped with any type of locking device to ensure the resident privacy.

Plan of Correction**Accept**

On 6/25/22 the administrator started pricing door knobs that lock to replace the current unlocking knobs. Management will review pricing and select and place the order for new locking knobs by 7/15/22. Once the locking door knobs are obtained, they shall be installed on the doors within 14 days from the date the locks are received. Once the locks have been installed on the resident doors they will have the right of privacy of self and possessions. This privacy will be provided during bathing, dressing, changing and medical procedures to comply with Regulation 42s.

Completion Date: 08/31/2022

Document Submission**Implemented**

On 6/25/22 the administrator started pricing door knobs that lock to replace the current unlocking knobs. Management will review pricing and select and place the order for new locking knobs by 7/15/22. Once the locking door knobs are obtained, they shall be installed on the doors within 14 days from the date the locks are received. Once the locks have been installed on the resident doors they will have the right of privacy of self and possessions. This privacy will be provided during bathing, dressing, changing and medical procedures to comply with Regulation 42s.

82a - Poisonous Materials**1. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 6/21/22, at approximately 10:42 a.m., there was approximately 16 ounces of a pinkish liquid in an unlabeled spray bottle on a metal shelving unit in the kitchen. The liquid was identified as a sanitizer put in the spray bottle for clean surfaces.

Plan of Correction**Accept**

The cleaning product was discarded from the spray bottle on 6/21/22 by the administrator. An audit was conducted on 6/22/22 by the administrator to ensure all poisonous materials are stored in their original containers with no additional findings. The administrator will educate the current staff on Regulation 82a. Poisonous materials shall be stored in their original labeled containers. The training will be completed by 7/7/22. The monthly maintenance checklist has been updated to include review poisonous materials to ensure they continue to be stored in their original, labeled containers. Audits will be reviewed by the administrator.

Completion Date: 07/07/2022

Document Submission**Implemented**

The cleaning product was discarded from the spray bottle on 6/21/22 by the administrator. An audit was conducted on 6/22/22 by the administrator to ensure all poisonous materials are stored in their original containers with no additional findings. The administrator will educate the current staff on Regulation 82a. Poisonous materials shall

82a - Poisonous Materials (continued)

be stored in their original labeled containers. The training will be completed by 7/7/22. The monthly maintenance checklist has been updated to include review poisonous materials to ensure they continue to be stored in their original, labeled containers. Audits will be reviewed by the administrator.

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/21/22, the microwave on the shelf above the counter near the coffee pots in the first-floor dining room, has food spatter throughout the interior of the microwave and there is a layer of grease and food spatter covering the interior side of the glass door.

On 6/21/22, at approximately 10:55 a.m., the ceiling exhaust fan had approximately 1/8" layer of dust and dirt in the slats of the fan cover, in the common shower room B on the second floor.

On 6/21/22, the shared bathroom in bedroom [REDACTED] used by residents #3 and #4. The towel rack identified for resident #3 was in disrepair. Resident #4's towel rack had two sets of a white towel and wash cloth on it. Resident #3 had no paper towels or means to dry hands in the shared bathroom.

Plan of Correction**Accept**

On 6/21/22 a direct care staff member thoroughly cleaned the interior and exterior of the microwave. All current staff will be educated on maintaining sanitary conditions in the dining area by the administrator. The night shift will monitor the dining area each day to ensure it is clean. This will be added to the daily checklist. The checklist will be reviewed monthly by the administrator. The exhaust fan in the second floor, common shower room was cleaned by a staff member on 6/21/22. All current direct care staff will be educated, by the administrator, to maintain the sanitary conditions of the exhaust fans. The direct care staff will monitor weekly. Any fan that is dirty when evaluated, will be cleaned at that time. The exhaust fan will be added to the weekly checklist. The towel rack in Room #201 was replaced for Resident #3 on 6/21/22. The current staff will be educated by the administrator on maintaining sanitary conditions. The staff will monitor towel racks daily, checking for damage or breakage. This will be added to the daily checklist. A maintenance request form will be completed by the staff member and turned into the office if a repair or replacement is required. The repair will be made at the time of request. The administrator will review the maintenance request forms monthly.

Completion Date: 07/20/2022

Document Submission**Implemented**

On 6/21/22 a direct care staff member thoroughly cleaned the interior and exterior of the microwave. All current staff will be educated on maintaining sanitary conditions in the dining area by the administrator. The night shift will monitor the dining area each day to ensure it is clean. This will be added to the daily checklist. The checklist will be reviewed monthly by the administrator. The exhaust fan in the second floor, common shower room was cleaned by a staff member on 6/21/22. All current direct care staff will be educated, by the administrator, to maintain the sanitary conditions of the exhaust fans. The direct care staff will monitor weekly. Any fan that is dirty when evaluated, will be cleaned at that time. The exhaust fan will be added to the weekly checklist. The towel rack in Room #201 was replaced for Resident #3 on 6/21/22. The current staff will be educated by the administrator on maintaining sanitary conditions. The staff will monitor towel racks daily, checking for damage or breakage. This will be added to the daily checklist. A maintenance request form will be completed by the staff member and turned

85a - Sanitary Conditions (continued)

into the office if a repair or replacement is required. The repair will be made at the time of request. The administrator will review the maintenance request forms monthly.

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 6/21/22, The ceiling tile and the wall in the first-floor laundry room has water damage from the slop sink overflowing from the second floor. The ceiling tile have water stains measuring approximately 18" by 12" above the washer and the ceiling above the metal cabinets along the wall in corner, has a large piece of the tile hanging down, measuring approximately 14" by 8" from where it broke off, and some of the tile is missing.

On 6/21/22, there were approximately five ceiling tiles measuring approximately 2' by 4' that are missing due to being damaged by water in the lower level of the home by the pantry.

Plan of Correction**Accept**

The damaged ceiling tile in the first floor laundry room was replaced on 7/1/22. The pantry room tiles were also replaced on 7/1/22. All current staff will be educated on Regulation 88a. by the administrator. The staff will look at ceiling tiles, windows and doors for damage or any hazards on a weekly basis. This will be added to the weekly checklist. If any item requires a repair or replacement, a maintenance request form will be completed and turned into the office. Management will have a repair done at that time, if it can be remedied at that time. Otherwise, the repair will be completed once material is available. The maintenance request forms will be reviewed by the administrator monthly.

Completion Date: 07/20/2022

Document Submission**Implemented**

The damaged ceiling tile in the first floor laundry room was replaced on 7/1/22. The pantry room tiles were also replaced on 7/1/22. All current staff will be educated on Regulation 88a. by the administrator. The staff will look at ceiling tiles, windows and doors for damage or any hazards on a weekly basis. This will be added to the weekly checklist. If any item requires a repair or replacement, a maintenance request form will be completed and turned into the office. Management will have a repair done at that time, if it can be remedied at that time. Otherwise, the repair will be completed once material is available. The maintenance request forms will be reviewed by the administrator monthly.

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 6/21/22, there were multiple sets of rose-colored vinyl chairs that were in disrepair, to include:

** A set in the main floor hallway by bedroom #110. The seats had several tears exposing the foam padding, measuring approximately 12" and on 4" long. The back of the one chair had a tear measuring approximately 6" long.*

** A set of rose-colored chairs by the rest room on the main floor. The left chair had a tear in the seat measuring approximately 6" exposing the padding.*

95 - Furniture and Equipment (continued)

* The set on the second-floor hallway by bedroom [redacted] had multiple tears in the chair seats. The left seat has layers of duct tape over the tears that very worn, exposing the tape threading and has edges rolled up.

On 6/21/22, the towel bar on the left wall by the sink in the shared bathroom in bedroom [redacted] was missing the towel bar and left bracket.

REPEAT VIOLATION 2/8/21

Plan of Correction

Accept

The administrator and staff removed all of the sets of chairs from each floor on 6/21/22. They were replaced with new chairs from inventory. All chairs are in good repair, clean and free from hazards to comply with Regulation 95. The towel bar in Room [redacted] was replaced on 6/21/22. All current staff will be educated by the administrator on Regulation 95. Furniture and equipment must be in good repair, clean and free of hazards. The staff will check the furniture and equipment on a weekly basis. When a repair is required a maintenance request form will be completed by the staff person and turned into the office. Repairs will be made at time of request. Unless, an item needs to be ordered or purchased. If this occurs the repair will be completed upon delivery of the item. This will be added to the weekly checklist.

Completion Date: 07/20/2022

Document Submission

Implemented

The administrator and staff removed all of the sets of chairs from each floor on 6/21/22. They were replaced with new chairs from inventory. All chairs are in good repair, clean and free from hazards to comply with Regulation 95. The towel bar in Room [redacted] was replaced on 6/21/22. All current staff will be educated by the administrator on Regulation 95. Furniture and equipment must be in good repair, clean and free of hazards. The staff will check the furniture and equipment on a weekly basis. When a repair is required a maintenance request form will be completed by the staff person and turned into the office. Repairs will be made at time of request. Unless, an item needs to be ordered or purchased. If this occurs the repair will be completed upon delivery of the item. This will be added to the weekly checklist.

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 6/21/22, the railings of the wooden ramp from the deck to the parking lot on right side of building facing Bellvue Street are in disrepair. There are several of the vertical slats that are broken in half and still attached to the railings on both sides. The left side of the railing has three slats that are broken in half from the middle post towards the end of the ramp. A slat on the right side third from the middle post is broken in half and is sticking out several inches

Plan of Correction

Accept

The wood rails were replaced on 7/1/22. The administrator will monitor the exterior of the building and grounds on a weekly basis. During this inspection of the building and grounds will be reviewed to ensure they are in good repair and free of hazards, as stated in Regulation 100a.

Completion Date: 07/01/2022

Document Submission

Implemented

The wood rails were replaced on 7/1/22. The administrator will monitor the exterior of the building and grounds

100a - Exterior - Free of Hazards (continued)

on a weekly basis. During this inspection of the building and grounds will be reviewed to ensure they are in good repair and free of hazards, as stated in Regulation 100a.

101o - Walls, Floors, Ceilings**1. Requirements**

2600.

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

Description of Violation

On 6/21/22, the front half of the carpet in bedroom [REDACTED] by resident #3 and #4. had a heavy concentration of a very sticky substance, that shoes stuck to the carpet when it was walked on.

REPEAT VIOLATION 2/8/21

Plan of Correction**Accept**

The carpet in Room [REDACTED] was removed on 7/8/22. A new tile floor was installed on 7/9/22. All current staff will be educated by the administrator that the bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair. They will monitor the bedrooms on a daily basis looking for any repairs that are needed. This will be added to the daily checklist. Maintenance request forms will be completed for any repairs that are needed, and turned into the office. Management will have repairs completed at the time of request, or when the material is available. The administrator will review on a monthly basis.

Completion Date: 07/20/2022

Document Submission**Implemented**

The carpet in Room [REDACTED] was removed on 7/8/22. A new tile floor was installed on 7/9/22. All current staff will be educated by the administrator that the bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair. They will monitor the bedrooms on a daily basis looking for any repairs that are needed. This will be added to the daily checklist. Maintenance request forms will be completed for any repairs that are needed, and turned into the office. Management will have repairs completed at the time of request, or when the material is available. The administrator will review on a monthly basis.

103g - Storing Food**1. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 6/21/22, there were the following open and unsealed food items in the cabinets in the first-floor dining room, to include:

- * A 4lb bag of Great Value granulated sugar, approximately $\frac{3}{4}$'s full.
- * A bag of Great Value Wavy Original Potato Chips, approximately $\frac{1}{2}$ full.
- * A loaf of Great Value White bread with approximately 6 slices remaining.

On 6/21/22, there was an open and unsealed 4-pound bag of Great Value Granulated Sugar, approximately $\frac{1}{4}$ remaining in the upper wall cabinet in the second-floor dining room.

Plan of Correction**Accept**

On 6/27/22 containers were purchased to put the sugar in for storage. Each floor placed the sugar in the sealed

103g - Storing Food (continued)

container on 6/27/22. On 7/2/22 clips were purchased to place on the bread and potato chips. Current staff has been educated by the administrator that all food shall be stored in closed containers. The staff shift will monitor daily to ensure food is in a sealed container. This will be added to the daily checklist. The administrator will review on a monthly basis.

Completion Date: 07/20/2022

Document Submission

Implemented

On 6/27/22 containers were purchased to put the sugar in for storage. Each floor placed the sugar in the sealed container on 6/27/22. On 7/2/22 clips were purchased to place on the bread and potato chips. Current staff has been educated by the administrator that all food shall be stored in closed containers. The staff shift will monitor daily to ensure food is in a sealed container. This will be added to the daily checklist. The administrator will review on a monthly basis.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 6/21/22, at approximately 10:15 a.m., the second emergency exit door leading directly to the exterior deck and ramp on the far right of building facing Bellvue Street was locked.

Plan of Correction

Accept

The administrator will educate current staff that all stairways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. A designated staff person, on each shift will conduct a daily monitor of the exit doors. This will be added to the daily checklist. The administrator is in the process of obtaining a self-releasing door closure knob set. This doorknob will be opened on the inside, even when it is locked from the outside. It is a special order, and a delivery date has not been confirmed. Once the knob is delivered it will be installed immediately.

Completion Date: 07/29/2022

Document Submission

Implemented

The administrator will educate current staff that all stairways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. A designated staff person, on each shift will conduct a daily monitor of the exit doors. This will be added to the daily checklist. The administrator is in the process of obtaining a self-releasing door closure knob set. This doorknob will be opened on the inside, even when it is locked from the outside. It is a special order, and a delivery date has not been confirmed. Once the knob is delivered it will be installed immediately.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation, dated [redacted] so identified as an initial medical evaluated does not include the medical information about the d [redacted] Section (3) indicates "See

141b1 - Annual Medical Evaluation (continued)

Addendum". Section (7) Medications indicates See "Medication Addendum Below" on the first page. The second page for the section Medical Information pertinent to diagnoses of [redacted] The section indicates "See Addendum" and the Medication Addendum listing medications indicates "See Addendum". There are no Addendums attached for any of the diagnosis indicated.

Plan of Correction

Accept

A RN has completed a new DME for Resident #1 on [redacted] Resident #1 uses the house doctor who will sign the new DME the next time they are in to make rounds. All current residents DMEs will be reviewed for accuracy by the administrator and RNs. Any errors or omissions will be corrected at that observed by a RN.

Completion Date: 08/15/2022

Document Submission

Implemented

A RN has completed a new DME for Resident #1 on [redacted] Resident #1 uses the house doctor who will sign the new DME the next time they are in to make rounds. All current residents DMEs will be reviewed for accuracy by the administrator and RNs. Any errors or omissions will be corrected at that observed by a RN.

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 Violation

Resident #1 is prescribed [redacted] however, there was no open date indicated on the [redacted] or box. The medication guidelines indicate discard 6 weeks after opening or when the counter reads "0", whichever comes first.

Resident #4 is prescribed [redacted] however, there was no open date indicated on the [redacted] or box. The medication guidelines indicate discard 6 weeks after opening or when the counter reads "0", whichever comes first.

Plan of Correction

Accept

Resident #1 and Resident #4 now have the open date of 6/23/22 posted on the box. This date was obtained from the residents MARS, which is where it was recorded. The administrator will educate the RNs and med techs that the date open is required to be recored on the box and MARS. The charge person will monitor all medications monthly to ensure all opened boxes are dated.

Completion Date: 07/11/2022

Document Submission

Implemented

Resident #1 and Resident #4 now have the open date of 6/23/22 posted on the box. This date was obtained from the residents MARS, which is where it was recorded. The administrator will educate the RNs and med techs that the date open is required to be recored on the box and MARS. The charge person will monitor all medications monthly to ensure all opened boxes are dated.

185a - Implement Storage Procedures

1. Requirements

185a - Implement Storage Procedures (continued)

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

Resident #4's [redacted] was not calibrated to the correct time, indicating a time [redacted] however, the actual time was [redacted]

Resident #5's [redacted] was not calibrated to the correct date and time. The glucometer indicated a date of [redacted] and [redacted]; however, the actual date was [redacted]

On 6/22/22, direct care staff person A, reported using resident #5's [redacted] to test the [redacted] of resident [redacted]. Resident #5's [redacted] indicates a [redacted]. The [redacted] indicated a [redacted] that was identified as the [redacted] of resident #4. The [redacted] identified for resident #4 was not documented on resident's [redacted] MAR or [redacted] Sheet.

Plan of Correction

Accept

The [redacted] were discarded on 6/21/22 and the home purchased new [redacted] for Resident #4 and Resident #5. They were delivered on 6/22/22. Each [redacted] was calibrated from the factory and displayed the correct time and date. Resident #4 and Resident #5 have the same PCP, who is the house doctor. The doctor was notified of the error on 6/22/22. No further instructions were given for the home. They are noting on each patient file. Resident #4 and Resident #5 along with their designated person were all notified on 6/22/22. On 6/23/22 an Incident Report was filed. The current [redacted] trained staff has been educated by the administrator on 6/22/22 not to share [redacted] and to place the resident name on the [redacted] case. All [redacted] will be calibrated weekly by the morning charge person on each floor. The RNs will monitor the [redacted] daily for 2 weeks, then move to weekly. Staff Person A will receive another [redacted] session on 7/14/22 by a registered diabetic trainer.

Completion Date: 07/14/2022

Document Submission

Implemented

The [redacted] were discarded on 6/21/22 and the home purchased new [redacted] for Resident #4 and Resident #5. They were delivered on 6/22/22. Each [redacted] was calibrated from the factory and displayed the correct time and date. Resident #4 and Resident #5 have the same PCP, who is the house doctor. The doctor was notified of the error on 6/22/22. No further instructions were given for the home. They are noting on each patient file. Resident #4 and Resident #5 along with their designated person were all notified on 6/22/22. On 6/23/22 an Incident Report was filed. The current [redacted] trained staff has been educated by the administrator on 6/22/22 not to share [redacted] and to place the resident name on the [redacted] case. All [redacted] will be calibrated weekly by the morning charge person on each floor. The RNs will monitor the [redacted] daily for 2 weeks, then move to weekly. Staff Person A will receive another [redacted] training session on 7/14/22 by a registered [redacted]

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 6. Dose.

187a - Medication Record (continued)

Description of Violation

Resident #4 is prescribed

On resident #4's and indicated a requiring MAR. However, the units of were not recorded the residents

Resident #5 is prescribed

On resident #5's requiring 1 to be administered. However, the were not recorded in the residents MAR.

REPEAT VIOLATION 2/8/21

Plan of Correction

Accept

The RNs will monitor the MARS weekly to ensure accuracy, completeness, and when any changes occur. The med trained staff will be educated by the RNs on administering and recording the medication, following physician orders and documentation of medication. All MARS will be audited to ensure they have been accurately and completely record. The RNs will monitor weekly.

Completion Date: 07/17/2022

Document Submission

Implemented

The RNs will monitor the MARS weekly to ensure accuracy, completeness, and when any changes occur. The med trained staff will be educated by the RNs on administering and recording the medication, following physician orders and documentation of medication. All MARS will be audited to ensure they have been accurately and completely record. The RNs will monitor weekly.

187d - Follow Prescriber's Orders

1. Requirements

- 2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is p

187d - Follow Prescriber's Orders (continued)

On [REDACTED] resident #4's [REDACTED] did not indicate a [REDACTED] and [REDACTED] was documented in residents [REDACTED] MAR or [REDACTED]. Resident #4's [REDACTED] was not taken nor did the resident receive the [REDACTED].

Plan of Correction**Accept**

The administrator will educate the [REDACTED] trained staff to administer medication as prescribed by the physician. The RNs will monitor the MARS weekly, checking that all medications have been documented. This will start on 7/7/22 for a 2 month period, then quarterly starting 10/1/22. All [REDACTED] trained staff will take another [REDACTED] training course. This will be provided by the home and performed by a registered [REDACTED] trainer.

Completion Date: 08/31/2022

Document Submission**Implemented**

The administrator will educate the [REDACTED] trained staff to administer medication as prescribed by the physician. The RNs will monitor the MARS weekly, checking that all medications have been documented. This will start on 7/7/22 for a 2 month period, then quarterly starting 10/1/22. All [REDACTED] trained staff will take another [REDACTED] training course. This will be provided by the home and performed by a registered [REDACTED] trainer.

225c - Additional Assessment

1. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, date [REDACTED] was not updated to include the diagnosis of [REDACTED] as indicated in the medical evaluation, dated [REDACTED]. There is no assessment for [REDACTED]. The section is blank.

Plan of Correction**Accept**

The assessment for Resident #1 was corrected on [REDACTED]. The diagnosis of [REDACTED] along with the medication has been added to the assessment for Resident #1. The degree code [REDACTED] for Resident #1. All assessments will be reviewed for accuracy by the administrator. A second staff person will then do a follow up audit to double check for any errors. Any errors found will be corrected by the administrator or a RN at the time error is found. As information changes it will be updated on assessment at the time.

Completion Date: 08/30/2022

Document Submission**Implemented**

The assessment for Resident #1 was corrected on [REDACTED]. The diagnosis of [REDACTED] along with the medication has been added to the assessment for Resident #1. The degree code [REDACTED] for Resident #1. All assessments will be reviewed for accuracy by the administrator. A second staff person will then do a follow up audit to double check for any errors. Any errors found will be corrected by the administrator or a RN at the time error is found. As information changes it will be updated on assessment at the time.

Department of Human Services
Bureau of Human Service Licensing

October 18, 2022

[REDACTED]
EAST DEER PERSONAL CARE HOME INC
967 FREEPORT ROAD
CREIGHTON, PA, 15030

RE: EAST DEER PERSONAL CARE HOME
967 FREEPORT ROAD
CREIGHTON, PA, 15030
LICENSE/COC#: 43078

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2022 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: *EAST DEER PERSONAL CARE HOME* License #: *43078* License Expiration: *05/19/2023*
Address: *967 FREEPORT ROAD, CREIGHTON, PA 15030*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EAST DEER PERSONAL CARE HOME INC*
Address: *967 FREEPORT ROAD, CREIGHTON, PA, 15030*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/07/2008* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *08/16/2022*

Inspection Dates and Department Representative

08/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

08/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2022*

09/20/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewe [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/22/2022*

09/23/2022 - POC Submission

Reviewer [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/27/2022*

10/18/2022 - Document Submission

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

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], there was the following resident information accessible, unsecured, and unattended at the first -floor nurse's station, to include:

* Written on a blue post-it, "Attn: Afternoon shift resident #1 is now c [redacted] in med pass. Now on [redacted] stuck on shelf edge of nurses' station.

* A yellow post-it stuck to shelf edge, "Please give resident #2, [redacted] bed."

* A yellow note indicating: Midnight shift: make sure you get [redacted] p in the morning. Change [redacted] and put [redacted]

* Note: Do not give resident #2 chocolate it is giving [redacted]

Plan of Correction

Accept

On 08/16/22, the date of inspection, the notes were removed by the RN. The staff will be reeducated by the administrator about confidentiality and posting notes, starting 9/21/22. Each charge person on each shift will monitor daily.

Completion Date: 09/30/2022

Document Submission

Implemented

On 08/16/22, the date of inspection, the notes were removed by the RN. The staff will be reeducated by the administrator about confidentiality and posting notes, starting 9/21/22. Each charge person on each shift will monitor daily.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation, dated [redacted] however, has a line drawn through date and written next to it "phone appointment" dated, [redacted] The medical evaluation does not indicate a pulse rate and temperature. The sections are blank.

Plan of Correction

Accept

The administrator and an administrative assistant will go back and check all current DME forms for accuracy and ensure all sections are completed. The administrator and RNs will make all needed corrections. All new DME forms will be checked at time of submission. If any information has been omitted, it will be corrected at that time. Resident #3 has had a new DME issued to their physician, and it has been completed. A copy is attached.

Completion Date: 10/17/2022

Document Submission

Implemented

The administrator and an administrative assistant will go back and check all current DME forms for accuracy and

141b1 - Annual Medical Evaluation (continued)

ensure all sections are completed. The administrator and RNs will make all needed corrections. All new DME forms will be checked at time of submission. If any information has been omitted, it will be corrected at that time. Resident #3 has had a new DME issued to their physician, and it has been completed. A copy is attached.

183a - Original Containers and Injections**1. Requirements**

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Resident #2 is prescribed [REDACTED] On 8/16/22, at approximately 9:55 a.m., staff person A indicated the resident usually requests the medication at noon, at approximately 9:30 a.m., staff person A indicated dispensing the medication into a medication cup to administer to the resident on or around noon; however, the resident had not requested the medication.

Resident #5 is prescribed [REDACTED] staff person A indicated dispensing the medication at approximately 9:30 a.m., to administer later. The medication was in a med cup along with six other morning medications.

Plan of Correction**Accept**

The RN destroyed the medications on 8/16/22. The administrator will reeducate all RNs and med techs on the homes policy and procedures of dispensing medication and regulation 2600.183.a. beginning on 9/21/22.

The charge person on each floor will monitor daily to make sure medications are not being repoured. The administrator will monitor weekly.

Completion Date: 09/30/2022

Document Submission**Implemented**

The RN destroyed the medications on 8/16/22. The administrator will reeducate all RNs and med techs on the homes policy and procedures of dispensing medication and regulation 2600.183.a. beginning on 9/21/22.

The charge person on each floor will monitor daily to make sure medications are not being repoured. The administrator will monitor weekly.

183b - Meds and Syringes Locked**1. Requirements**

2600.

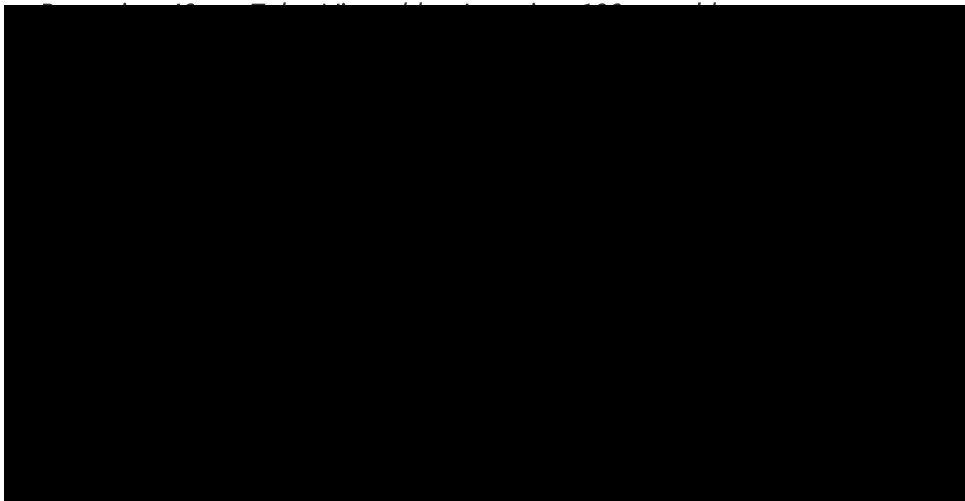
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

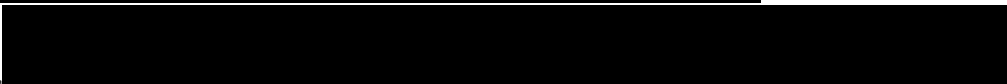
On 8/16/22 at approximately 9:45 a.m., the following prescribed medication for resident #2, #4, #5 and #6 were unlocked, unattended and accessible to residents on a brown tray in the top cabinet behind the first-floor nurse's station, to include:

[REDACTED]

183b - Meds and Syringes Locked (continued)



* Resident #6 –



Plan of Correction

Accept

The RN locked all meds in a secure med cart on 08/16/22. The administrator will reeducate all RNs and med techs starting 9/21/22 on the homes policies and procedures of dispensing medication. Regulation 2600.183.b will also be reviewed. The charge person on each floor will monitor weekly.

Completion Date: 09/30/2022

Document Submission

Implemented

The RN locked all meds in a secure med cart on 08/16/22. The administrator will reeducate all RNs and med techs starting 9/21/22 on the homes policies and procedures of dispensing medication. Regulation 2600.183.b will also be reviewed. The charge person on each floor will monitor weekly.

187b - Date/Time of Medication Admin.

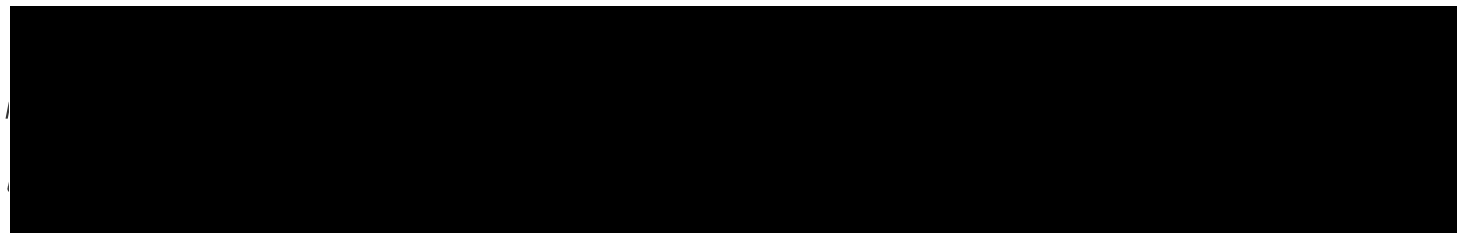
1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident # 2 is prescribed the following medications: [redacted] staff person A initialed residents #2's [redacted] MAR indicating that the medication was administered at the following times; however, the medication was not administered to resident #2, to include:



Resident #4 is prescribed the following medication to be administered at [redacted] staff person A initialed residents #4's [redacted] MAR indicating that the medication was administered at the following times; however, the medication was not administered to resident #4, to include:



187b - Date/Time of Medication Admin. (continued)

Resident #5 is prescribed the following medication to be administered at following times [REDACTED] staff person A initialed residents #5's [REDACTED] MAR indicating that the medication was administered at the following times; however, the medication was not administered to resident #5, to include:

Resident #6 is prescribed the following medication [REDACTED], staff person A initialed resident #6's [REDACTED] MAR indicating the medication was administered at [REDACTED]. However, the medication had not been administered.

Plan of Correction**Accept**

The administrator will reeducate the RNs and med techs on the home medication policy and procedures and regulation 2600.187.b, starting 9/22/21. The charge person on each floor, each shift, will monitor weekly to ensure all medications are being signed at the time they are administered, not before.

Completion Date: 09/30/2022

Document Submission**Implemented**

The administrator will reeducate the RNs and med techs on the home medication policy and procedures and regulation 2600.187.b, starting 9/22/21. The charge person on each floor, each shift, will monitor weekly to ensure all medications are being signed at the time they are administered, not before.

187d - Follow Prescriber's Orders

1. Requirements

2600.

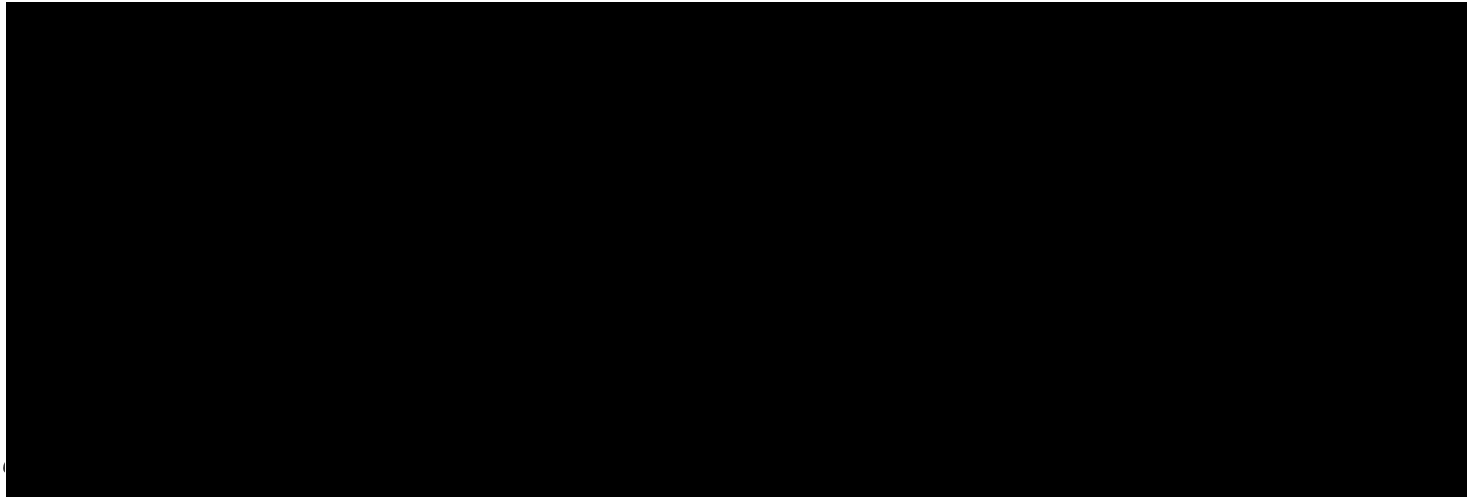
187.d. The home shall follow the directions of the prescriber.

Description of Violation

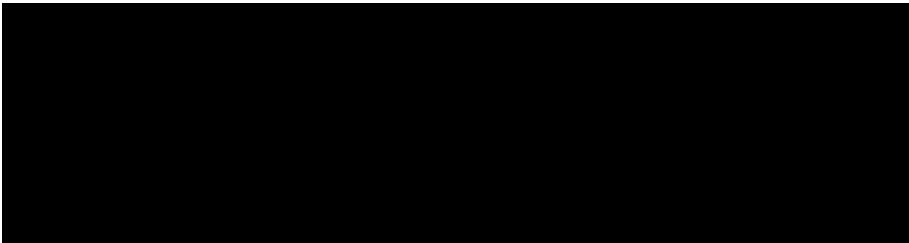
On [REDACTED] the following prescribed medications were in unlabeled med cups on a brown tray in an unlocked cabinet behind the nurse's station on the first floor. Staff person A reported the medication was some of the resident's morning medications that were unable to be administered; however, the residents [REDACTED] MAR was initialed as being administered and no documentation of the physician being notified, to include:
Resident #4 is prescribed the following medication to be administered at following times. On [REDACTED] staff

187d - Follow Prescriber's Orders (continued)

person A initialed residents #4's [REDACTED] MAR indicating that the medication was administered at the following times; however, the medication was not administered to resident #4, to include:



Resident #5 is prescribed the following medication to be administered at following times. [REDACTED], staff person A initialed residents #5's [REDACTED] MAR indicating that the medication was administered at the following times; however, the medication was not administered to resident #5, to include:



Resident #6 is prescribed [REDACTED]
On [REDACTED], the residents [REDACTED] MAR indicates the medication was administered; however, staff person A indicated the medication had not been administered and was planning on administering at noon.

Plan of Correction**Accept**

On 08/16/22 the RN notified residents, their designated person and the doctors of the med error. An incident report was completed and submitted. A copy is enclosed. The error, documentation and incident report will become part of the resident records. The administrator will reeducate the RNs and med techs on the homes policy and procedures for medication distribution and regulation 2600.187.d., beginning 9/21/22. The charge person will monitor and audit the resident MARs weekly. Also, on 10/3/22 the pharmacy has set up Senior Care Consultant Group to present an in-service on med passing for all of the med trained staff.

Completion Date: 10/03/2022**Document Submission****Implemented**

On 08/16/22 the RN notified residents, their designated person and the doctors of the med error. An incident report was completed and submitted. A copy is enclosed. The error, documentation and incident report will become part of the resident records. The administrator will reeducate the RNs and med techs on the homes policy and procedures for medication distribution and regulation 2600.187.d., beginning 9/21/22. The charge person will monitor and audit the resident MARs weekly. Also, on 10/3/22 the pharmacy has set up Senior Care Consultant Group to present an in-service on med passing for all of the med trained staff.