

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

October 11, 2023

[REDACTED]  
JENNIE'S PERSONAL CARE HOME LLC  
[REDACTED]

RE: JENNIE'S PERSONAL CARE HOME  
LLC  
146 HATFIELD ROAD  
SMOCK, PA, 15480  
LICENSE/COC#: 45470

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/06/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *JENNIE'S PERSONAL CARE HOME LLC* License #: *45470* License Expiration: *06/13/2024*  
 Address: *146 HATFIELD ROAD, SMOCK, PA 15480*  
 County: *FAYETTE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *JENNIE'S PERSONAL CARE HOME LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *06/01/2023* Issued By: *Menallen Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/06/2023*

**Inspection Dates and Department Representative**

*09/06/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *16* Residents Served: *14*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *14*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**09/06/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2023*

**09/25/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *10/11/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/02/2023*

Inspections / Reviews *(continued)*

10/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 25b - Contract Signatures

## 1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

## Description of Violation

Resident #1's resident-home contract, dated [REDACTED]/23, is not signed by the resident.

## Plan of Correction

Accept ([REDACTED] 09/25/2023)

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/20/2023 by the Administrator. The Administrator read the contract to the resident in the presence of the resident's Rep payee. The Administrator then signed UNABLE TO SIGN on the line of Resident's signature. The process of this is also explained on the signature page of the contract.

To enhance the currently compliant operations, on 09/20/2023 the Administrator and Director reviewed all Resident's contracts to make sure if a resident was unable to sign that these above steps were followed, with a completion date of 9/21/2023.

Effective 09/20/2023 the Administrator and Director will perform this review with every new admission through 12/31/2023 to maintain ongoing compliance with having contract signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([REDACTED] - 10/11/2023)

## 25c11 - List of Rates

## 2. 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

Resident #1's resident-home contract, dated [REDACTED]/23, does not indicate the actual rate that the resident will be periodically charged for food, shelter, and services. This section of the contract indicates a rate of \$67 monthly; however, the correct rate is \$1468 monthly.

Resident #2's resident-home contract, dated [REDACTED]/23, does not indicate the actual rate that the resident will be periodically charged for food, shelter, and services. This section of the contract indicates a monthly rate of \$67; however, the correct rate is \$2000 monthly.

Resident #3's resident-home contract, dated [REDACTED]/23, does not indicate the actual rate that the resident will be periodically charged for food, shelter, and services. This section of the contract indicates a monthly rate of \$67; however, the correct rate is \$2000 monthly.

25c11 - List of Rates (continued)

**Plan of Correction**

Accept [redacted] - 09/25/2023)

*In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/20/2023 by the Administrator. Residents 1, 2, and 3 contracts were corrected to the correct monthly fee.*

*To enhance the currently compliant operations, on 09/21/2023 the Administrator and Director will review all contracts to ensure the correct monthly rates are listed, with a completion date of 09/21/2023.*

*Effective 09/21/2023 the Administrator and Director will perform with every new admission through 12/31/2023 to maintain ongoing compliance with establishing in each resident contract 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., and establishing in each resident contract 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., and establishing in each resident contract 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., and establishing in each resident contract 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** 09/21/2023

Implemented [redacted] - 10/11/2023)

65a - FS Orientation 1st Day

**3. 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.

**Description of Violation**

*Staff person A, whose first day of work was [redacted]/23, 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*



**65b - Rights/Abuse 40 Hours (continued)**

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 █ 40th scheduled work hour. 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 █ 40th scheduled work hour on or around █/23. However, this staff person did not complete training in the following topics: emergency medical plan and reporting of reportable incidents and conditions.

**Plan of Correction****Accept █ - 09/25/2023)**

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/20/2023 by the Administrator to train Staff person A in the topics listed above.

To enhance the currently compliant operations, on 09/21/2023 the Administrator and Director will review all employees charts to review that all employees have the necessary training, with a completion date of 09/21/2023.

Effective 09/21/2023 the Administrator and Director will perform monthly review through 12/31/2023 to maintain ongoing compliance with ensuring that within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes, including resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/21/2023

**Implemented (█ - 10/11/2023)****103e - Left Overs****5. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

At 9:42 a.m., the following unlabeled, undated leftovers were in the kitchen refrigerator:

- a styrofoam container, labeled resident #4, with chicken, potato salad, and pasta salad inside
- 2 plastic containers of egg salad
- a white Tupperware container of stewed tomatoes

103e - Left Overs (continued)

**Plan of Correction**

Accept (█ - 09/25/2023)

*In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator to label food containers with contents of the container and the current date. This was completed at the time of inspection.*

*To enhance the currently compliant operations, on 09/20/2023 the Administrator and Director went through all refrigerators to ensure all food is labeled with contents and correct date. On September 11, 2023, the staff at Jennie's PCH held a meeting with all staff to review regulation 103. This will ensure all food is labeled with the contents of the container and the date that the food was prepared, with a completion date of 09/20/2023.*

*Effective 09/21/2023 the Administrator and Director will perform weekly checks through 12/31/2023 to maintain ongoing compliance with ensuring food served and returned from an individual's plate is not be served again or used in the preparation of other dishes, and ensure leftover food is labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/20/2023**

**Implemented (█ - 10/11/2023)**

103g - Storing Food

**6. Requirements**

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*At 9:42 a.m., the kitchen refrigerator contained a 5 lb. package of open, unsealed processed American cheese.*

**Plan of Correction**

Accept (█ - 09/25/2023)

*In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator to seal the unused portion of the food that was unsealed. This was completed at the time of inspection.*

*To enhance the currently compliant operations, on 09/20/2023 the Administrator and Director will go through the refrigerators to ensure all open food packaging is sealed. On September 11, 2023 the staff at Jennie's PCH met to discuss regulation 103. This will ensure that this regulation is implemented and all open packaging of unused food is now sealed, with a completion date of 09/20/2023.*

*Effective 09/20/2023 the Administrator and Director will perform weekly checks through 12/31/2023 to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/20/2023**

**Implemented (█ - 10/11/2023)**

141a - Medical Evaluation

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2, admitted to the home on [redacted]/23, does not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

Plan of Correction

Accept [redacted] - 09/25/2023)

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/07/2023 by the Administrator to call Doctors office to ensure the importance of returning the DME in a timely manner. The DME was then faxed over to us.

To enhance the currently compliant operations, on 09/21/2023 the Administrator and Director will review all charts to ensure that all DME are present in all the residents charts, with a completion date of 09/21/2023.

Effective 09/21/2023 the Administrator and Director will perform monthly checks through 12/31/2023 to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [redacted] 10/11/2023)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated [redacted]/23, does not include the resident's body positioning and movement stimulation. This area of the form is blank.

141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction**

**Accept (█ - 09/25/2023)**

*In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/20/2023 by the Administrator to fill in the block of body positioning with the resident's nurse.*

*To enhance the currently compliant operations, on 09/21/2023 the Administrator and Director will review all DME to ensure that they are filled out completely, with a completion date of 09/21/2023.*

*Effective 09/21/2023 the Administrator and Director will perform monthly reviews through 12/31/2023 to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/21/2023**

**Implemented (█ 10/11/2023)**

161d - Dietary Needs

**9. Requirements**

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**Description of Violation**

*On 7/7/23, resident #3 is prescribed a mechanical soft diet; however, █ initial assessment, dated █ 23, indicates the resident has no dietary need, and the resident's daily diet consists only of Ensure 3 times daily.*

**Plan of Correction**

**Accept (█ - 09/25/2023)**

*In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/11/2023 by the Administrator. █ called █ Hospice to discuss the resident's current diet. After discussion the new diet is as follows: Special Diet- Boost/Ensure TID. This change will also be added to RASP.*

*To enhance the currently compliant operations, on 09/20/2023 the Administrator and Director will review all resident's diet in coordination with their doctors' orders, DME, and support plans. All areas will match, with a completion date of 09/28/2023.*

**161d - Dietary Needs (continued)**

Effective 09/21/2023 the Administrator and Director will perform monthly review through 12/31/2023 to maintain ongoing compliance with ensuring each resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian are met, and to keep documentation of each resident's special dietary needs in each resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented (█) - 10/11/2023)

**183b - Meds and Syringes Locked****10. 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**

At 2:25 p.m., there were unlocked and accessible medications in resident #1's and resident #5's room, including resident #1's Nystatin powder and collagen particles.

**Plan of Correction**

Accept (█) - 09/25/2023)

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator to lock up these OTC medications. The medications were removed from the resident's bedrooms following the completion of the inspection, and locked in the med cart when they will be stored.

To enhance the currently compliant operations, on 09/21/2023 the Administrator and Director will went through each residents bedroom to ensure that any medication are locked in the med cart, with a completion date of 09/21/2023.

Effective 09/21/2023 the Administrator and Director will perform weekly checks through 12/31/2023 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█) - 10/11/2023)

**184a - Resident's Meds Labeled****11. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

## 184a - Resident's Meds Labeled (continued)

**Description of Violation**

Resident #1 is prescribed collagen particles-Apply collagen to right posterior heel wound bed 3 times weekly; however, the medication has no pharmacy label, and the package instructions indicate- Clean the wound. Apply medication to the wound if necessary. Apply the product ¼ inch thick to the wound surface. Do not pack tightly. Cover with secondary dressing.

Resident #2 is prescribed carvedilol 25mg-Take 1 tablet by mouth 2 times daily with food; however, the pharmacy label indicates-Take 1 tablet by mouth 2 times daily.

Resident #2 is prescribed Novolog Flexpen insulin 100u/mL-Inject subcutaneously per sliding scale, as follows, before meals. Blood sugar reading of: 120-150 = 2 units; 151-200 = 4 units; 201-300= 6 units; 301-400 = 8 units; however, the pharmacy label indicates-Inject 2-8 units 3 times a day as per sliding scale subcutaneously for diabetes.

**Plan of Correction****Accept (█ - 09/25/2023)**

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator to call Dr. █ and █ Hospice to develop a label for the collagen medication with the correct orders of application. A label was delivered immediately for Resident #1 Resident #2 Take with food labels were delivered following inspection. Administrator put labels- Take with food- on Carvedilol 25mg 2 times a day packets. Resident #2 Novolog was discontinued on 09-12-2023.

To enhance the currently compliant operations, on 09/22/2023 the Administrator and Director will do a med review to ensure all doctor's orders match the packets of medications that are passed to residents, with a completion date of 09/23/2023.

Effective 09/22/2023 the Administrator and Director will perform weekly reviews through 12/31/2023 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the prescribed dosage and instructions for administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/23/2023

**Implemented (█ - 10/11/2023)**

## 185a - Implement Storage Procedures

**12. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident #6 is ordered Humalog 100units/mL-Inject subcutaneously three times daily before meals per sliding scale. Blood sugar reading of: 70 – 130 = 0 units; 131 – 180 = 2 units; 181 – 240 = 4 units; 241 – 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units; 401 - 999 = 12 units. On 9/1/23, the following blood sugar readings on █ glucometer were not documented on resident #6's September 2023 medication administration record (MAR):

- at 7:31 a.m., blood sugar reading of 116

**185a - Implement Storage Procedures (continued)**

- at 1:21 p.m., blood sugar reading of 183
- at 5:44 p.m., blood sugar reading of 105

**Plan of Correction****Accepted ( ) - 09/25/2023)**

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator to take the reading from the glucometer and transfer them onto the MAR.

To enhance the currently compliant operations, on 09/22/2023 the Administrator and Director will review the Mars for all glucometer patients to ensure all readings on the glucometer are recorded in the MAR, with a completion date of 09/25/2023.

Effective 09/22/2023 the Administrator and Director will perform weekly audits through 12/31/2023 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/25/2023

**Implemented ( ) - 10/11/2023)****187a - Medication Record****13. Requirements**

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

Resident #2's September 2023 MAR does not indicate a diagnosis or purpose for glipizide 10mg and for aspart 100.

**Plan of Correction****Accepted ( ) - 09/25/2023)**

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator. Following the inspection, the purpose was added to the MAR for Glipizide 10mg and aspart for Resident #2.

To enhance the currently compliant operations, on 09/22/2023 the Administrator and Director will review all MARs to ensure all diagnosis and or purpose is attached to every medication, with a completion date of 09/25/2023.

**187a - Medication Record (continued)**

*Effective 09/22/2023 the Administrator and Director will perform weekly reviews through 12/31/2023 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/25/2023**

**Implemented ( ) - 10/11/2023)**

**187b - Date/Time of Medication Admin.****14. 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 #6 is ordered Humalog 100units/mL-Inject subcutaneously three times daily before meals per sliding scale, Blood sugar reading of: 70 – 130 = 0 units; 131 – 180 = 2 units; 181 – 240 = 4 units; 241 – 300 = 6 units; 301-350 = 8 units; 351 - 400 = 10 units; 401 - 999 = 12 units. On 9/1/23 at 1:21 p.m, the resident had a blood sugar reading of 183 and was administered 4 units of insulin; however, the resident's September 2023 MAR does not indicate the date and time of administration and the initials of the staff person administering the medication.*

**Plan of Correction**

**Accept ( ) - 09/25/2023)**

*In response to the violation on 09/22/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator. Following inspection Administrator filled in MAR with glucometer reading for the day and amount of insulin given on September 1, 2023.*

*To enhance the currently compliant operations, on 09/22/2023 the Administrator and Director will review all MARs to look for any blank squares when medication was given but employees did not sign, with a completion date of 09/26/2023.*

*Effective 09/22/2023 the Administrator and Director will perform weekly audits through 12/31/2023 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/26/2023**

**Implemented ( ) - 10/11/2023)**

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed blood sugar readings 3 times daily before meals; however, on 9/3/23 the resident's blood sugar reading was not taken before lunch.

Plan of Correction

Accept ( ) - 09/25/2023)

In response to the violation on 09/22/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/22/2023 by the Administrator and Director to developed a key to attach to the MAR including OFF which means the resident was Out Of the Facility.

To enhance the currently compliant operations, on 09/22/2023 the Adminstrator and Director will review all MARs to check for any blank square where any employee did not sign off on medication that were given, with a completion date of 09/26/2023.

Effective 09/22/2023 the Administrator and Director will perform weekly audits through 12/31/2023 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented ( ) - 10/11/2023)

190c - Record of Training

16. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record, dated 9/28/22, for staff person ( ) the home's administrator, does not include documentation of 2 MAR reviews, 1 every 6 months, and documentation that the trainer was certified to conduct the training.

Plan of Correction

Accept ( ) - 09/25/2023)

Person ( ) will renew ( ) certification to pass meds before 09/28/2023 at that time ( ) will receive all documentation needed to be in compliance.

To enhance the currently compliant operations, on 09/25/2023 the Administrator and Director will review all education and documentation to ensure all documentation of employee training is complete, with a completion date of 09/30/2023.

**190c - Record of Training (continued)**

*Effective 09/30/2023 the Administrator and Director will perform monthly reviews through 12/31/2023 to maintain ongoing compliance with ensuring a record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** 09/30/2023

**Implemented (█ - 10/11/2023)**

**221c - Post Activity Calendar****17. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

*The home did not have a current weekly activity calendar posted in a public and conspicuous place in the home.*

**Plan of Correction**

**Accept (█ - 09/25/2023)**

*In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/07/2023 by the Administrator. An activity calendar was developed for September.*

*Effective 09/22/2023 the Administrator will perform monthly reviews through 12/31/2023 to maintain ongoing compliance with ensuring a current weekly activity calendar is posted in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** 12/31/2023

**Implemented (█ - 10/11/2023)**

**224a - Preadmission Screen Form****18. 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 #2's preadmission screening form, dated █/23, 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 (█ - 09/25/2023)**

*In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/13/2023 by the Administrator to correct the preadmission screening. The box was filled in correctly.*

## 224a - Preadmission Screen Form (continued)

To enhance the currently compliant operations, on 09/20/2023 the Administrator and Director will review all preadmission screenings to ensure they are filled out completely, with a completion date of 09/23/2023.

Effective 09/21/2023 the Administrator and Director will perform monthly reviews through 12/31/2023 to maintain ongoing compliance with ensuring a determination is 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/23/2023

Implemented [REDACTED] - 10/11/2023)

## 225a - Assessment 15 Days

## 19. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

## Description of Violation

Resident #1's initial assessment, dated [REDACTED]/23, indicates the resident has no dietary needs; however, the resident is unable to swallow food and [REDACTED] diet consists of Ensure at each meal.

Resident #2's initial assessment, dated [REDACTED] 23, does not include the diagnoses of diabetes, hypertension, edema, acid reflux, high cholesterol, or benign prostatic hyperplasia as indicated on the resident's September 2023 MAR.

On [REDACTED]/23, resident #3 was prescribed a mechanical soft diet, and the resident's daily diet consisted only of Ensure 3 times daily; however, [REDACTED] initial assessment, dated [REDACTED]/23, indicates the resident has no dietary need. In addition, the resident is assessed as having no problem with long-term memory loss; however, the resident has dementia and long-term memory loss.

Resident #5's initial assessment, dated [REDACTED]/23, indicates the resident has no dietary needs; however, the resident's diet has been consisting of Ensure only, and the physician's diet order, dated [REDACTED] 23, indicates "Ensure mixed with peanut butter powder 3 times a day plus offer mechanical soft diet comfort foods with each meal."

## Plan of Correction

Accept [REDACTED] - 09/25/2023)

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/22/2023 by the Administrator to make the changes to Resident#1 assessment indicating that the resident is on an ensure diet. Resident #2 Diagnoses were added to [REDACTED] assessment. Resident #3 diet was updated to indicate that [REDACTED] is on an ensure diet and updated [REDACTED] long term memory loss. Resident #3 assessment was also updated to indicate [REDACTED] ensure diet.

To enhance the currently compliant operations, on 09/23/2023 the Administrator and Director will do a review to go through all RASP to make sure all critical information matches with the DME and all needs are expressed through the RASP, with a completion date of 09/29/2023.

**225a - Assessment 15 Days (continued)**

Effective 09/29/2023 the Administrator and Director will perform monthly reviews through 12/31/2023 to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented (█) - 10/11/2023)

**227d - Support Plan Medical/Dental****20. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #1's initial assessment, dated █/23, indicates the resident requires total physical assistance in multiple areas, including for transferring in/out of bed/chair, toileting, caring for personal possessions, writing correspondence, and engaging in social and leisure activities; however, the resident's initial support plan, dated █/23, is blank in these areas. In addition, the resident receives hospice services; however, the care and services that hospice provides are not indicated on the resident's support plan.

Resident #3's initial assessment, dated █/23, indicates the resident requires total physical assistance in multiple areas, including for eating, drinking, shopping, and using the telephone; however, the resident's initial support plan, dated █/23, is blank in these areas. The resident receives hospice services 5 days per week; however, the care and services that hospice provides are not indicated on the resident's support plan.

**Plan of Correction**

Accept (█) - 09/25/2023)

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/22/2023 by the Administrator to complete all blank information in the assessment and support plan for Resident #1 and #3.

To enhance the currently compliant operations, on 09/23/2023 the Administrator and Director will conduct an audit of all support plans to review all DMEs to ensure all information is completed to assure all residents needs are expressed and met, with a completion date of 09/29/2023.

Effective 09/29/2023 the Administrator and Director will perform monthly reviews through 12/31/2023 to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

227d - Support Plan Medical/Dental (continued)

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented [REDACTED] - 10/11/2023)