

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
BUREAU OF HUMAN SERVICES LICENSING
Personal Care Homes (55 Pa.Code Chapter 2600)

Q/A - Regulatory Clarifications – April 2015

The clarifications and interpretations below will remain on the Department's web site until the information is included in the next updated Regulatory Compliance Guide (RCG).

Regulation: General – Anticoagulation Testing Devices

Question: Can an anticoagulation testing device be used for more than one resident?

ANSWER: No. Anticoagulation testing devices (such as CoaguChek systems; etc.) measure blood coagulation in the circulatory system, and determine the clotting rate of blood which can be affected by anticoagulant usage, liver damage and Vitamin K levels. These devices are typically used for chronic conditions to help manage blood clots, and are individual-specific as the device is calibrated specifically to what the medical professional is looking to monitor. As this is a blood testing device which poses the risk for transmitting bloodborne pathogens, the FDA advises to not use anticoagulation testing devices on more than one person.

Regulation: § 2600.16(c) – Reportable Incidents and Conditions

§ 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Question: Does a personal care home need to report resident-to-resident physical abuse that does not result in an injury? For instance, if a resident in a secured dementia care unit (SDCU) reaches out and slaps another resident in the SDCU, is this incident reportable?

ANSWER: The Department rescinds its April 1, 2013 RCG explanation included in Appendix B on page 241, number 9 which indicates that PCHs do not need to report any act of physical violence by one resident to another

resident where the victim does not sustain an injury. Any physical assault by or against a resident is required to be reported to the Department regardless of whether or not it resulted in an injury.

Regulation: § 2600.21 – Offsite Services

§ 2600.21 – If services or activities are provided by the home at a location other than the premises, the home shall ensure that the residents' support plans are followed and that resident health and safety needs are met.

Question: Must each resident's Resident Assessment-Support Plan (RASP) accompany staff on outings and activities within the community?

ANSWER: No. However, staff must be aware of residents' needs prior to engaging in outings and activities within the community; this shall be accomplished by reviewing resident RASPs. This applies only to activities arranged and provided by the home, such as shopping trips or outdoor activities. This regulation does not apply during off-site activities such as outings with family or services provided by another regulated entity (such as a partial-hospitalization program or adult training facility), unless 1) the home provides transportation to such activities, as the home is responsible for meeting health and safety needs when transporting residents, or 2) the resident transports him/herself to the activities, but requires supervision when outside the home, as the home is responsible for meeting needs identified through the Resident Assessment-Support Plan.

Regulation: § 2600.65(d)-(g) – Direct Care Staff Person Training and Orientation

§ 2600.65 –

(d) Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (see regulation for entire list of training topics)

(e) Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

(f) Training topics for the annual training for direct care staff persons shall include the following: (see regulation for entire list of training topics)

(g) Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (see regulation for entire list of training topics)

Question: Do all of the training topics under § 2600.65(d)-(g) apply to LPNs?

ANSWER: For the regulation at § 2600.65(d), and as per the April 1, 2013 edition of the PCH RCG, the following staff persons are exempt from this requirement:

- Any staff person hired on or before April 24, 2006 who has not had more than one year's break in service.
- Any volunteer retained on or before April 24, 2006 who has not had more than one year's break in service.
- A Certified Nurse Assistant (CNA) with a current certificate in good standing.
- A Licensed Practical Nurse (LPN) with a current license in good standing.
- A Registered Nurse (RN) with a current license in good standing.
- A Physician with a current license in good standing.
- An Emergency Medical Technician (EMT) with a current license in good standing.
- Any staff hired between April 24, 2006 and October 31, 2007 do not need to successfully complete the Department-approved direct care staff training course and pass the online competency test.

For the training topics at § 2600.65(f)-(g), if an LPN obtains training from a source outside of the home as per their nursing requirements (CEUs; etc.) and the training topic is one of the topics listed as per the regulation, the LPN may use the training to count towards their 12 hours of annual training.