

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOLY REDEEMER HEALTH SYSTEM

LEGAL ENTITY

To operate THE LAFAYETTE-REDEEMER

NAME OF FACILITY OR AGENCY

Located at 8580 VERREE ROAD, 2ND&3RD FLRS, PHILADELPHIA, PA 19111

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 150
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 24, 2010 until May 24, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 101920

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 21 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Michael B. Laign, President/CEO
Holy Redeemer Health System
667 Welsh Road
Huntingdon, Pennsylvania 19006

RE: The Lafayette – Redeemer
8580 Verree Road
Philadelphia, Pennsylvania 19111

Dear Mr. Laign:

As a result of the Department of Public Welfare's licensing inspection on March 1, 2010 and March 2, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,
Handwritten signature of Kevin T. Casey in cursive.

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME The Lafayette Redeemer 8580 Vorse Road Philadelphia, PA 19111		CURRENT LICENSE NUMBER 101920	
INSPECTION DATE(S) (Include all dates of the inspection) March 1, 2010 and March 2, 2010		REGIONAL REPRESENTATIVE Kimberli Foulkes and Christine McHale	
SIGNATURE OF LEGAL ENTITY <i>Benjamin Kuczyński</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 5/7/10

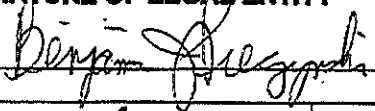

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a1, 224a</p> <p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a 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.</p>	<p>Resident # 1's preadmission screening dated 5/21/09 does not indicate if the needs of the resident can be met by the home.</p>	<p>3/02/10</p> <p>3/05/10</p> <p>3/6/10 and ongoing</p> <p>4/26/2010 and ongoing</p>	<p>The Administrator reviewed with the Nurse Manager that all elements of the Pre-Admission Screening form must be completed, especially the area which asks if the residents' needs can be met by the home.</p> <p><u>To ensure that the violation does not reoccur, the following were implemented:</u></p> <ol style="list-style-type: none"> 1. Audit Form was developed to monitor that all areas in the Pre-Admission Screening form is completed. (See Attachment A) 2. The Administrator using this tool audited all new admissions (See attachment B) 3. Results of audits will be reported and reviewed at Quality Management Meetings as of April, 2010 and ongoing. 	<p>5/13/10 LAH</p>

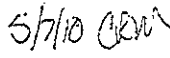
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SIGNATURE OF LEGAL ENTITY <i>Benjamin Kozzinski</i>	DATE 5/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 5/7/10

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42o A resident has the right to freely associate, organize and communicate with others privately.	The home's visitation policy that is posted near the door states that there are no visitors under age 16 allowed.	3/10/10 3/10/10 and ongoing 3/10/10 and ongoing	The visitation sign posted in the Main Lobby was removed per Holy Redeemer Health System's decision on 3/10/2010. Visitation had been limited as part of the community wide efforts to reduce the transmission of H1N1 influenza and to protect residents and staff. <u>To ensure that violation does not reoccur, the following will be done:</u> 1. In the future, if the need to limit visitors is decided by Holy Redeemer Health System, to reduce transmission of infection and to protect residents and staff, the visitation sign will include words that special accommodations will be instituted to ensure compliance with 42o of the resident's rights. 2. The Administrator will monitor for compliance.	5/13/10 LAM

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42s 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.	The home has video cameras in the hallways and at the entrances/exits of the home. The images are being recorded. The residents have not been notified of the recording.	3/3/2010 3/5/2010 3/5/2010 and ongoing 3/5/2010 and ongoing	1. Information was posted regarding the issue of that images are being recorded through the video cameras in the hallways on the Activities and Lobby bulletin boards. (See Attachment C) 2. Letter sent to family members and residents to inform them of the above. (See Attachment D) <u>To ensure that violation does not reoccur, the following has been instituted:</u> 1. All new admissions receive notification of the use of recording video for safety purposes at the time of admission. (See Attachment E) 2. The Administrator will randomly check to ensure that this notification continues to be given upon admission.	5/7/10 

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SIGNATURE OF LEGAL ENTITY <i>Benjamin Mezjucha</i>	DATE 3/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>	DATE 5/7/10

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>In the Activities Room, the unlocked cabinet to the right of the sink contained the following poisonous materials: -A bottle of Fantastic Heavy Duty Cleaner with a label which read, "If on skin or clothing, call a poison control center or doctor for treatment advice." -A bottle of Cleaner with Bleach with a label which read, "If swallowed do not induce vomiting. Drink a glassful of water. Immediately call a physician."</p> <p>In the Activities Room, the unlocked cabinet in the corner near the table contained the following poisonous materials:</p>	<p>3/2/2010</p> <p>3/2/2010</p>	<p>In the Activities Room, all poison materials identified in the cabinet to the lower right of the sink were locked. (Please see Attachment F)</p> <p>On the day of the tour, in the Activities Room, the nail polish remover was removed on 3/2/2010 and locked in the nursing office.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/13/10 Date Initials (DPW) <i>MM</i></p>

**VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Benjamin Chesynski</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Mitchell</i>	DATE 5/7/10

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	<p>-Nail polish remover with a label which read, "In case of accidental ingestion, give fluids liberally and consult a physician or poison control center."</p> <p>Located across from room 318 there is a maintenance storage room that was unlocked and located inside were the following poisonous materials:</p> <p>-Two tubes of Vinyl Adhesive Calk on a cart with a label which reads, "Ingestion, do not induce vomiting, get medical attention immediately."</p> <p>-Located on the shelf, on the right of the door, there were 3 tubes of Alex Painters Acrylic Latex Calk and 1 tube of Alex Plus Acrylic</p>	<p>3/2/2010</p> <p>3/4/2010</p>	<p>The unlocked Maintenance Storage Room across from Apt. 318, containing the poisonous items identified in the Violation Report, was immediately locked on 3/2/2010.</p> <p>In addition, on 3/4/2010, the locksmith came and installed an automatic lock on the door. (See Attachments G and H)</p>	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>Benjamin Klegynski</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christina McHale</i>	DATE 5/7/10

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	<p>Latex Calk Plus with labels which read, "Get medical attention immediately," and a container of Petroleum Jelly with a label which read, "If swallowed get medical help or contact a poison control center immediately." -8 bottles of Sure Flow 11 liquid drain opener labeled "Danger/Poison" with a label which read, "Get medical attention." -On the shelf on the left side of the room there was a can of WD-40 with a label which read, "Ingestion: Harmful or fatal if swallowed. If swallowed, do not induce vomiting. Call a physician immediately." -In a white cabinet on the rear</p>		<p align="center">Continuation of violation on Page 5.</p>	

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SIGNATURE OF LEGAL ENTITY <i>Benjamin Kresycki</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherri Mitchell</i>	DATE 5/7/10

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	<p>wall were 2 cans of aerosol Rubberized Coating with a label which read, "If swallowed get immediate medical attention," and 1 can of Multi Purpose Spray on Adhesive with a label which read, "If swallowed, call a physician immediately,"</p> <p>-On the shelves on the right side of room there were 11 boxes of Condensate Line Cleaner with a label which read, "Ingestion: Do not induce vomiting. Call a physician immediately."</p> <p>-On a tool cart there was a can of Household Oil with a label which reads, "If swallowed, do not induce vomiting, call a physician immediately."</p>		Continuation of violation on Page 5.	

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	<p>In resident room 339 there were the following poisonous materials:</p> <p>-Located on the back of the toilet was a spray bottle of Remedy 4 in 1 Cleansing Lotion, skin cleanser, with a label which reads, "if swallowed get medical help or contact a poison control center immediately."</p> <p>-Located in the second bathroom on the back of the toilet was Calzime Protectant Paste with a label which reads, "if swallowed get medical help or contact poison control center right away."</p>	<p>3/2/2010</p> <p>3/3/2010</p> <p>3/3/2010</p> <p>3/30/2010</p> <p>5/3/2010</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>The items found belonging to resident #3 and #4 in Apt. 339 were removed on 3/2/2010.</p> <p>The next day, both residents were assessed for capacity to handle poisonous materials safely. Based on assessment, items were returned to the residents' apartment.</p> <p>The support assessments and support plans for resident #3 and #4 were adjusted to include statement regarding ability to handle all poisonous materials. (See Attachments I, J, K, L)</p> <p><u>To ensure that violation does not reoccur, the following has been instituted:</u></p> <p>Staff was informed at Stand-Up meeting of 3/30/2010 of the violation and told that all poisonous materials must be locked at all times. (See Attachments M, N)</p> <p>All remaining residents have been assessed for their capacity to handle poisonous materials. Adjustments made to each resident's support plan and assessment to reflect each resident's capacity to handle poisonous materials.</p> <p>Residents will be assessed initially, annually, or at time of a significant change and support plan will be adjusted accordingly. The Nurse Manager will monitor for compliance.</p> <p>Apartments will be randomly audited during monthly environmental rounds for compliance. (See Attachment O)</p> <p>Maintenance staff will continue to ensure that the new lock for the storage room remains functional. Maintenance Supervisor will monitor compliance.</p>	

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SIGNATURE OF LEGAL ENTITY <i>Bespanna Resynski</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chlorva Mitchell</i>	DATE 5/7/10

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85a Sanitary conditions shall be maintained.	The bathroom in resident room # 331 had a strong odor of urine. The floor was sticky and was wet with what appeared to be urine around the base of the toilet. The elevated toilet seat riser had urine stains on it and there was a brownish colored substance which appeared to be feces on the toilet seat lid and metal frame.	3/2/2010 3/3/2010 and ongoing 4/15/2010 and ongoing 4/16/2010 and ongoing	Housekeeping personnel immediately cleaned the bathroom in Apt. 331. <u>To ensure that violation does not reoccur, the following has been instituted:</u> 1. Housekeepers will clean resident bathrooms thoroughly on a daily basis. 2. The Housekeeping Supervisor will inspect all bathrooms that are cleaned daily by housekeepers during monthly environmental rounds. (See Attachment P) 3. The Administrator will make random rounds of all bathrooms in resident apartments.	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>S/EB/D</i> Date Initials (DPW)

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86b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.	The 2 bathroom exhaust fans in resident room #339 were not functioning properly due to a cracked rubber belt in the unit on the roof.	3/2/2010 3/5/2010 3/2010 and ongoing 3/2010 and ongoing 4/26/2010 and ongoing	The two exhaust fans in the bathrooms in Apt. 339 were checked on the roof by Maintenance staff on 3/2/2010. Belts were replaced that were in disrepair. Some improvement noted. Maintenance made additional repairs to the exhaust fans. <u>To ensure that violation does not reoccur, the following has been instituted:</u> 1. As of March, 2010 a semi-annual Preventative Maintenance Program has been in place to check the operation of the two exhaust fans. (Attachment Q) 2. The Maintenance Supervisor is responsible for the oversight of the Preventative Maintenance Program. 3. Findings from the Preventative Maintenance audits will be presented at The Quality Management Meetings.	5/13/10. VMT

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1017 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident rooms # 209, # 331, and # 372 did not have bedside lamps accessible to the residents.	3/3/2010 4/16/2010 and ongoing 3/4/2010 and ongoing 4/26/2010 and ongoing	On 3/3/2010, all bedside lamps were provided and made accessible at the bedside in Apts. 209, 331, and 372. (See Attachment R, S, T) <u>To ensure that violation does not reoccur, the following has been instituted:</u> 1. Housekeeping Department will conduct a monthly audit of all bed-sides to assess that all residents have accessible bedside lamps. (See Attachment P) 2. Nursing staff will check apartments to ensure that bedside lamps remain accessible to the residents at the bedside. 3. Results of audits will be discussed at the Quality Management Meetings.	5/7/10 <i>CRW</i>

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The exit door "G" in tower F on the third floor is not able to be easily opened.	3/4/2010 3/12/2010 March 2010 and ongoing	On 3/4/2009, Maintenance staff made adjustments to the exit door "G" on the Tower F on the 3 rd floor to enable it to be easily opened. On 3/12/2010, a vendor came in to evaluate the condition of the door and replaced the door. (See Attachment U) <u>To ensure that violation does not reoccur, the following has been instituted:</u> <ul style="list-style-type: none"> Semi-annual Preventative Maintenance Program in place as of March 2010 to check the operation of the exit doors. (See Attachment V) 	5/13/10 VAA

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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	On the third floor outside of resident room # 328 the fire evacuation plan arrow pointing to "you are here" points to room #425. All the evacuation plans to for the building use the 4 th floor plan. They also do not have a line of travel to the exit doors marked.	3/26/2010 3/27/2010 and ongoing	New diagram was posted in the area of Apt. 328 showing 3 rd floor apartments, fire safe exits, and the evacuation route to the nearest fire exit. (Please see Attachment W) <u>To ensure that violation does not reoccur, the following has been instituted:</u> *The Administrator will randomly check that all diagrams remain in place and accurate for all hallways.	5/13/10 VAM

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SIGNATURE OF LEGAL ENTITY <i>Benjamin Glezynski</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Karna Wilmet</i>	DATE 5/13/10

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	-The home's letter dated 8/1/09 from the fire safety expert does not specifically identify the location of the fire safe areas. The home evacuates residents to internal areas during fire drills. -The home's letter dated 8/1/09 from the fire safety expert indicates that the maximum safe evacuation time is 10 minutes. This time is partially based on the home conducting regular fire drills and staff training, it is not completely based on the layout and construction of the home. Fire drill evacuation times are as	3/26/2010 4/23/2010 4/24/2010 and ongoing 4/24/2010 and ongoing	All emergency evacuation diagrams posted in the personal home show the evacuation routes to each fire safe area. A new letter was written by the fire safety expert that specifically identifies locations of the fire safe areas, as well as the layout and construction of the home as part of the basis for determining the maximum time to safely evacuate residents. (Please see Attachment X) <u>To ensure that violation does not reoccur, the following has been instituted:</u> The annual letter that the fire safety expert will write will address all areas to comply with Regulation 132d. The Administrator will monitor for compliance.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 5/13/10 Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME The Lafayette Redeemer 8630 Verree Road Philadelphia, PA 19111		CURRENT LICENSE NUMBER 101920	
INSPECTION DATE(S) (include all dates of the inspection) March 1, 2010 and March 2, 2010		REGIONAL REPRESENTATIVE Kimberil Foulkes and Christine McHale	
SIGNATURE OF LEGAL ENTITY <i>Benjamin J. Kuczyński</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Helt</i>	DATE 7/13/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW																					
	follows: <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac. Time</th> </tr> </thead> <tbody> <tr> <td>9/25/09</td> <td>10:02am</td> <td>8 min</td> </tr> <tr> <td>10/28/09</td> <td>11:08pm</td> <td>10 min</td> </tr> <tr> <td>11/24/09</td> <td>4:17pm</td> <td>6 min</td> </tr> <tr> <td>12/22/09</td> <td>3:28pm</td> <td>9 min</td> </tr> <tr> <td>1/20/10</td> <td>11:02pm</td> <td>6m 23s</td> </tr> <tr> <td>2/16/10</td> <td>6:26pm</td> <td>8m 45s</td> </tr> </tbody> </table>	Date	Time	Evac. Time	9/25/09	10:02am	8 min	10/28/09	11:08pm	10 min	11/24/09	4:17pm	6 min	12/22/09	3:28pm	9 min	1/20/10	11:02pm	6m 23s	2/16/10	6:26pm	8m 45s		Continuation of violation noted on Page 14.	
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**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME The Lafayette Redeemer 8560 Verree Road Philadelphia, PA 19111		CURRENT LICENSE NUMBER 101920	
INSPECTION DATE(S) (Include all dates of the inspection) March 1, 2010 and March 2, 2010		REGIONAL REPRESENTATIVE Kimberli Foulkes and Christine McHale	
SIGNATURE OF LEGAL ENTITY <i>Benjamin Hegyjal</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 5/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The home provides transportation for the residents and the vehicle's first aid kit did not contain eye coverings or a breathing shield.	3/12/2010 3/13/2010 and ongoing 3/13/2010 and ongoing	A new first aid kit was created specifically for the home's bus at all times. The first aid kit contains all necessary items, including eye coverings and breathing shield. (See Attachment 1) <u>To ensure that violation does not reoccur, the following has been instituted:</u> 1. The bus driver(s) will check the first aid kit prior to each outing to ensure that all items remain present. 2. This will be randomly monitored for compliance by the Nurse Manager.	5/7/10 <i>CPW</i>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME The Lafayette Redeemer 8580 Verree Road Philadelphia, PA 19111		CURRENT LICENSE NUMBER 101920	
INSPECTION DATE(S) (Include all dates of the inspection) March 1, 2010 and March 2, 2010		REGIONAL REPRESENTATIVE Kimberli Foulkes and Christine McHale	
SIGNATURE OF LEGAL ENTITY <i>Benjamin J. Grogan</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Helms</i>	DATE 5/13/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b 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.	-Resident # 2 cannot self administer medications. Albuterol Sulfate 3.0mg was on the table, unlocked, to the left of the TV. A tube of Lanacort 5 OTC anti itch hydrocortisone 0.5% ointment was on this resident's night stand and a tube of Hemorrhoidal ointment was on the back of the toilet in the bathroom.	3/2/2010	The topical ointment medications found in the apartment of resident #2 were promptly removed and placed in the locked medication cart since he cannot self-administer medications.	Steps have been taken to correct violation; full compliance is not verifiable <i>5/13/10</i> Date Initials (DPW)
		3/2/2010	In the apartment of resident #3 and #4, the prescribed lotion was promptly removed and placed in the locked medication cart since resident #3 cannot self-administer medications.	
		3/2/2010	In the apartment of resident #5, the bottle of Nitroquik, was promptly removed and placed in the locked medication cart since she cannot self-administer medications.	
		3/11/2010	To ensure that violation does not recur, the following has been instituted: 1. Letter was sent to family members requesting that any new medications be brought to the Team Leader so that they can be stored in the appropriate location. (Please see Attachment Z)	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (Include all dates of the inspection) March 1, 2010 and March 2, 2010		REGIONAL REPRESENTATIVE Kimberli Foulkes and Christine McHale	
SIGNATURE OF LEGAL ENTITY <i>Benjamin Kuczynski</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Karina Helvat</i>	DATE 5/13/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<p>counter by the sink.</p> <p>-Resident #5 cannot self administer medications. A bottle of Nitroquick 0.4mg was unlocked on the resident's dresser.</p>	<p>4/1/2010 and ongoing</p> <p>4/26/2010 and ongoing</p>	<p>Continuation of violation noted on Page 17.</p> <p>2. Monthly random audit tool created to check all apartments in which it is deemed that they cannot self-administer medications to comply with Regulation 183b. Audit to be conducted by the Administrator or designee. (Please see Attachment AA)</p> <p>3. Results of the audits will be reported at the Quality Management Meeting.</p>	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (include all dates of the inspection) March 1, 2010 and March 2, 2010		REGIONAL REPRESENTATIVE Kimberli Foulkes and Christine McHale	
SIGNATURE OF LEGAL ENTITY <i>Benjamin H. Hirsch</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE 5/7/10

1 REGULATION 55 Pa.Code § 2600..	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
163f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	-The vehicle's first aid kit contained the following expired medications: -9 Providone Iodine Pads expired 1/07 -3 packets of Non Aspirin pain relief expired 4/07 -3 packets of Antacid Tablets expired 2/07 -5 packets of Ibuprofen expired 1/07 -9 packets of antibiotic ointment, 5 of which expired 4/08 and 4 in 11/08 -Ocu Fresh 20ml Sterile Cleanses expired 1/6/07 -Resident # 2's Milk of Magnesia expired 1/10. -Resident # 3's Robitussin DM expired 12/09.	3/2/2010 3/2/2010 3/31/2010 and ongoing 4/26/2010 and ongoing	The expired medications found in the home's bus were removed and properly destroyed on the day of the tour. Going forward, medications are no longer part of the first aid kit on the home's bus. The expired medications belonging to resident #2 and #3 were promptly disposed and re-ordered for replacement. <u>To ensure that violation does not reoccur, the following has been instituted:</u> 1. Monthly audit to be done by the Team Leader has been instituted to check for expired medications. (Please see Attachment BB) 2. The Nurse Manager is responsible for randomly checking that the audits are being completed monthly and to report findings at the Quality Management Meetings.	5/13/10 <i>WHA</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Benjamin H. [Signature]</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion [Signature]</i>	DATE 5/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	Resident # 5 is prescribed Eucerin Cream as needed for Dermatitis. This medication was available in the home for the resident. Repeated Violation-12/23/08	3/2/2010 3/31/2010 and ongoing 4/26/2010 and ongoing	The prescribed Eucerin Cream for Resident #5 was promptly re-ordered from the pharmacy. To ensure that violation does not reoccur, the following has been instituted: 1. During monthly recaps of the MAR's, the Team Leader will check all medications to ensure that all prescribed medications are present. (Please see Attachment CC) 2. The Nurse Manager is responsible to maintain compliance of this protocol and report to the Quality Management Meetings.	5/13/10 <i>UHA</i>

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SIGNATURE OF LEGAL ENTITY <i>Benjamin H. Haggard</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>	DATE 5/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	-On 3/1/10, the medication administration records were on top of the three medication carts outside of the nursing station unlocked and unattended. -On 3/2/10, there was one medication administration record on top of one medication cart in the same location that was unlocked and unattended.	3/2/2010 3/11/2010 and ongoing 3/11/2010 and ongoing	On 3/2/2010, the Medication Administration Binders were immediately placed into the Nursing Office. To ensure that violation does not reoccur, the following has been instituted: 1. Nursing personnel has been re-educated on the need to store the Medication Administration Binders in the Nursing Office when not needed for a medication pass. (Please see Attachment DD) 2. Proper storage of the Medication Administration Records will be monitored by the Nurse Manager for compliance.	5/13/10 <i>VAH</i>