



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

ADULT RESIDENTIAL LICENSING

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

FEB 14 2012

Barbara G. Graybill, Esquire
Thomas, Thomas & Hafer, LLP
305 North Front Street
PO Box 999
Harrisburg, Pennsylvania 17108

RE: Rose Tree Place
500 Sandy Bank Road
Media, Pennsylvania 19063

Dear Ms. Graybill:

This is to acknowledge receipt of your request to appeal the Department's decision to impose a fine on behalf of Rose Tree Place for your personal care home. Your request has been forwarded to the Department of Public Welfare, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

cc: Connie Walsh, Office of General Counsel

RECEIVED

FEB 07 2012

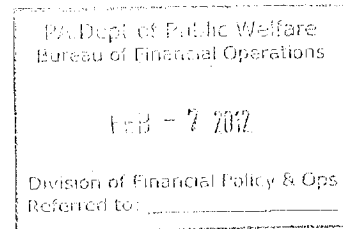
Adult Residential Licensing

February 7, 2012

Barbara G. Graybill
(717) 255-7237
bgraybill@tthlaw.com

Via Hand Delivery

Bureau of Financial Operations
Financial Reporting and Payments Section
Forum Place, 1st Floor
555 Walnut Street
Harrisburg, PA 17101



Re: Rose Tree Place/Appeal of Fine
Assessment # S00141

Dear Sir/Madam:

Please be advised that our office represents Watermark Operator, LLC, d/b/a Rose Tree Place, a personal care home licensed by the Department of Public Welfare. By this letter, we are appealing the Department of Public Welfare's ("Department" or "DPW") Personal Care Home Invoice referenced above. We have also attached a copy of the invoice for your review and convenience.

Additionally, in accordance with 55 Pa. Code §2600.263, we are remitting the "assessed penalty, not to exceed \$500" to be deposited into an escrow account with the State Treasurer. We understand that by submitting the enclosed check in the amount of \$500.00 along with this letter constitutes an appeal of the fines assessed on the attached invoice. We also respectfully request a hearing before the bureau of Hearings and Appeals in this matter as we believe that the determination by the Department dated January 11, 2012 to impose the fines is incorrect and that the bases for the fines were corrected in a timely manner. Furthermore, as of the date of the January 11, 2012 determination from DPW, all outstanding deficiencies for Rose Tree Place were corrected, negating the need to impose these fines.

THOMAS, THOMAS & HAFFER LLP

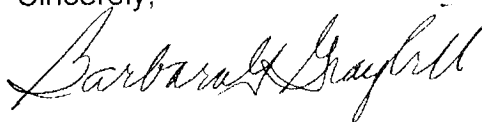
Bureau of Financial Operations
Watermark/Rose Tree Appeal
February 7, 2012
Page 2 of 2

Please also consider this letter as a formal request to enter my appearance as counsel for Watermark Operator, LLC, d/b/a, Rose Tree Place. On the basis of this notice, I request a copy of each document hereafter issued to be directed to me as follows:

Barbara G. Graybill, Esquire
THOMAS, THOMAS & HAFFER, LLP
305 North Front Street
PO Box 999
Harrisburg, PA 17108

If you wish to discuss this matter, I can be reached at the number above.

Sincerely,



Barbara G. Graybill

BGG/jlw:1042789.1
Enclosures

cc: David Barnes, CEO, Watermark Operator, LLC (w/enc.)
Rick Kamminga, COO, Watermark Operator, LLC (w/enc.)
Rose Tree Place (w/enc.)

ROSE TREE PLACE
OPERATING ACCOUNT
500 SANDY BANK ROAD
MEDIA, PA 19063
(610) 565-1405

No. 4565

Check Date: 01/26/2012

COMMONWEALTH OF PENNSYLVANIA, BUREAU OF FINANCIAL OPERATIONS, BERTOLINO BLDG 3RD FLOOR, 1401 N 7TH STREET, ATTN: DORIS CROWE, HARRISBURG PA 17102

3213

Date	Description	Gross Amount	Discount Amount	Net Amount Paid	
01/11/12	S00141*0112	\$500.00	\$0.00	\$500.00	
RECEIVED FEB 08 2012 Adult Residential Licensing					
Detach at Perforation Before Depositing Check		Totals	\$500.00	\$0.00	\$500.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER, A VOID PANTOGRAPH AND MICROPRINTING. THIS DOCUMENT ALSO CONTAINS A GENUINE WATERMARK.

Watermark Operator, LLC
ROSE TREE PLACE
OPERATING ACCOUNT
500 SANDY BANK ROAD
MEDIA, PA 19063
(610) 565-1405

Wells Fargo Bank Arizona, NA
91-527/1221

Check No. 4565

Check Date
01/26/2012

PAY Five Hundred AND 00/100



TO THE ORDER OF

COMMONWEALTH OF PENNSYLVANIA
BUREAU OF FINANCIAL OPERATIONS
BERTOLINO BLDG 3RD FLOOR
1401 N 7TH STREET
ATTN: DORIS CROWE
HARRISBURG PA 17102

Doris Crowe

00004565 1221052786733847468

Personal Care Home Invoice

PA Department of Public Welfare Bureau of Financial Operations Financial Reporting and Payments Section Forum Place, 1st Floor 555 Walnut Street Harrisburg, PA 17101-	Assessment #: S00141 Invoice Date: 1/11/2012 Due Date: 2/12/2012
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Bill To: WATERMARK OPERATOR LLC 2020 WEST RUDASILL ROAD TUCSON, AZ 85704-	Re: ROSE TREE PLACE 500 SANDY BANK ROAD MEDIA, PA 19063-
Contact Name Mr. David Barnes	License Number 13281

Fine/Appeal	Description – 55 Pa.Code § 2600.	From:	To:	Fine Imposed	Line Total
Class III Fine	187a	5/24/2011	11/18/2011	\$57,996.00	\$57,996.00
Class III Fine	187b	5/24/2011	7/18/2011	\$17,820.00	\$17,820.00
Class II Fine	187d	5/24/2011	11/18/2011	\$96,660.00	\$96,660.00
Class III Fine	225c	5/24/2011	12/31/2011	\$71,928.00	\$71,928.00
Class III Fine	227c	5/24/2011	12/31/2011	\$71,928.00	\$71,928.00
				Invoice Total	\$316,332.00
				Total Payments	\$296,244.00
				Total Due	\$20,088.00

 Please remit this portion with payment to ensure proper credit

WATERMARK OPERATOR LLC
 2020 WEST RUDASILL ROAD
 TUCSON, AZ 85704-

Assessment #: S00141
Invoice Date: 1/11/2012
Due Date: 2/12/2012

Re: ROSE TREE PLACE
 500 SANDY BANK ROAD
 MEDIA, PA 19063-

Total Due \$20,088.00

Remit to:
 Bureau of Financial Operations
 Financial Reporting and Payments Section
 Forum Place, 1st Floor
 555 Walnut Street
 Harrisburg, PA 17101

Payment Enclosed

Please make checks payable to: Commonwealth of Pennsylvania



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

ADULT RESIDENTIAL LICENSING

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 11 2011

Mr. David Barnes, Authorized Agent
 Watermark Operator, LLC
 2020 West Rudasill Road
 Tucson, Arizona 85704

RE: Rose Tree Place
 500 Sandy Bank Road
 Media, Pennsylvania 19063

Dear Mr. Barnes:

On May 23, 2011, the Department of Public Welfare (Department) issued a notice of its intent to assess a fine for regulatory violations with 55 Pa.Code Ch. 2600 (relating to personal care homes) for the above personal care home.

Pursuant to 62 P.S. §§ 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department hereby assesses a fine for the following uncorrected violations.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Initial Fine Assessment
187d	II	108	\$5	\$540	\$16,200
187a	III	108	\$3	\$324	\$9,720
187b	III	108	\$3	\$324	\$9,720
225c	III	108	\$3	\$324	\$9,720
227c	III	108	\$3	\$324	\$9,720

Total Fine Assessment for period May 24, 2011 through June 22, 2011 = \$55,080.

The enclosed Invoice for Personal Care Home Fine specifies the total amount of the fines for the period following the Department's notice of intent to assess a fine. The invoice is payable within 30 days from the mailing date of this letter. The fines will continue to accumulate and will be recalculated at the end of each month until all violations are fully corrected. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. Even if you pay the full amount of this invoice, fines will continue to accumulate for each violation until you have provided written notice of full correction and the Department has verified that the violations are fully corrected.

In accordance with §2600.268 (relating to notice of violations), the personal care home administrator shall immediately post this written notice in a conspicuous and public place in the home, if this notice includes a Class II violation

If you disagree with the decision to assess a fine, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35 and 62 P.S. §1086(f). If you decide to appeal, a written request for an appeal with a check made payable to the "Commonwealth of Pennsylvania" for the total monthly fine amount or \$500, whichever is less, must be received within 30 days of the mailing date of this letter by:

Anita Shafer, Unit Supervisor
Bureau of Financial Operations
Financial Reporting and Payments Section
Department of Public Welfare
1401 North 7th Street
Harrisburg, Pennsylvania 17105

This decision to assess a fine is final 31 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

If you have any questions regarding this invoice please contact Kevin Brumbach, Adult Residential Licensing, at 717-783-3670.

Sincerely,

Ronald Melusky
Acting Director

Enclosure
Personal Care Home Fine Invoice

Personal Care Home Invoice

PA Department of Public Welfare
 Bureau of Financial Operations
 Financial Reporting and Payment Section
 1401 North Seventh Street, 3rd Floor Bertolino Bldg
 Harrisburg, Pennsylvania 17102
 Fax: 717-772-2501

Assessment #: S00141

Invoice Date: JUL 11 2011

Bill To:

Watermark Operator LLC
 2020 West Rudasill Road
 Tucson, AZ 85704

Re: Rose Tree Place
 500 Sandy Bank Road
 Media, PA 19063

Contact Name Mr. David Barnes

License Number 13281

Fine/Appeal	Description - 55 Pa.Code § 2600.	From:	To:	Fine Imposed	Line Total
Class III	187a	5/24/2011	6/22/2011	\$9,720.00	\$9,720.00
Class III	187b	5/24/2011	6/22/2011	\$9,720.00	\$9,720.00
Class II	187d	5/24/2011	6/22/2011	\$16,200.00	\$16,200.00
Class III	225c	5/24/2011	6/22/2011	\$9,720.00	\$9,720.00
Class III	227c	5/24/2011	6/22/2011	\$9,720.00	\$9,720.00
Invoice Total					\$55,080.00

Please remit this portion with payment to ensure proper credit

Watermark Operator LLC
 2020 West Rudasill Road
 Tucson, AZ 85704

Assessment #: S00141

Re: Rose Tree Place
 500 Sandy Bank Road
 Media, PA 19063

Please make checks payable to:
Commonwealth of Pennsylvania
Remit to:
Bureau of Financial Operations
Bertolino Bldg, 3rd Floor
1401 North 7th Street
Harrisburg, PA 17102
Attn: Anita Shafer

Total Due \$55,080.00

Payment Enclosed

cc: file - Open Fines



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

ADULT RESIDENTIAL LICENSING

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

CERTIFIED MAIL – RETURN RECEIPT
MAILING DATE: MAY 23 2011

Mr. David Barnes, Authorized Agent
Watermark Operator, LLC
2020 West Rudasill Road
Tucson, Arizona 85704

RE: Rose Tree Place
500 Sandy Bank Road
Media, Pennsylvania 19063

Dear Mr. Barnes:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 6, 2011, February 14, 2011, March 16, 2011, March 17, 2011, March 18, 2011 and May 5, 2011 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A THIRD PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187c	II	108	\$5	\$540	5 calendar days from mailing date of this letter
187d	II	108	\$5	\$540	5 calendar days from mailing date of this letter
188b	II	108	\$5	\$540	5 calendar days from mailing date of this letter
184a	III	108	\$3	\$324	15 calendar days from mailing date of this letter
187a	III	108	\$3	\$324	15 calendar days from mailing date of this letter
187b	III	108	\$3	\$324	15 calendar days from mailing date of this letter
225c	III	108	\$3	\$324	15 calendar days from mailing date of this letter
227c	III	108	\$3	\$324	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

Mr. David Barnes

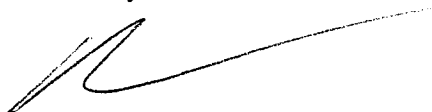
3

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long, sweeping horizontal stroke extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WATERMARK OPERATOR, LLC

LEGAL ENTITY

To operate ROSE TREE PLACE

NAME OF FACILITY OR AGENCY

Located at 500 SANDY BANK ROAD, MEDIA, PA 19063

(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

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

PROVISIONAL

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 26

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 23, 2011 until November 23, 2011,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132813

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 01/06/2011		REGIONAL REPRESENTATIVE Kimberli Foulkes, Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Bill BURLAND / EXECUTIVE DIRECTOR			
SIGNATURE OF LEGAL ENTITY <i>Bill Burland</i>	DATE 3/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
85b There may be no evidence of infestation of insects or rodents in the home.	The home has had an infestation of roaches on the 200 and 300 levels of the home since the fall of 2010. The home contracted with an exterminator in December of 2010, however, the issue has yet to be resolved.	3/25/11	<ol style="list-style-type: none"> 1 a log of all reported bug sightings kept at front desk. 2 Rent is given to exterminating company when they arrive. 3 Prior to my arrival they come once every 3 months. 4 Exterminator comes every two weeks 5 See attached reports 	5/5/11 D
132e A fire drill shall be held during sleeping hours once every 6 months.	The last drill conducted during sleeping hours was on 6/25/10. Repeated Violations: 01/06/2010	1/31/11	<ol style="list-style-type: none"> 1 Fire Drill was held on 1/31/11 @ 11:18 AM 2 Drills will be held every 6 months 	5/5/11 D

3 Next Drill is July 2011
at night. Maintenance will monitor logs monthly to insure in compliance

5/5/11 D

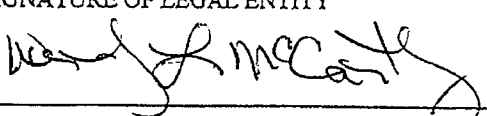
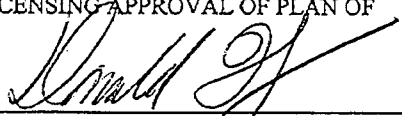
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 3 of ² ~~16~~

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 01/06/2011		REGIONAL REPRESENTATIVE Kimberli Foulkes, Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Bill Buland / EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Bill Buland</i>	DATE 3/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

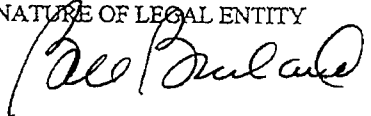

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 1/6/11, between 4:00pm and 4:15pm, the medication room in the secure dementia care unit was left unattended, unlocked and accessible to residents. Inside the medication room the medication cart was locked however, the refrigerator was unlocked with medications inside and there was a sharps container hanging on the wall that was 1/3 of the way full with discarded pills. Repeated Violations: 09/21/2010	3/24/11	<ol style="list-style-type: none"> ① Doors to all med rooms will be closed and locked when the staff leaves the room. ② RD/ED/Designer will make random daily checks ③ On the weekend the Manager on Duty will perform this task ④ These checks will be noted on a check sheet. 	5/5/11 <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 01/06/2011		REGIONAL REPRESENTATIVE Kimberli Foulkes, Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 5/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
183f1 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,	<p>-Resident #1's Carbamoxide Ear drops expired on 9/6/10 and they were still in the medication cart.</p> <p>-On 1/6/11, Resident #2's Acetominaphen was in the medication cart, however this medication was not on the medication administration record, indicating the medication had been discontinued.</p> <p>-On 1/6/11, Resident #3's clotrimazole 1% cream was in the medication cart. This medication had been discontinued. Resident #3's 2 containers of Atropine 1% Eye Drops were also in the medication cart. This medication had been discontinued. In addition, one of the bottles had a "discard date" of 12/17/10.</p> <p>Repeated Violations: 09/21/2010</p>	3/24/11 and ongoing	<p>① LPN upon receiving an order from a physician to discontinue a medication will inform the Med Tech to pull the medication from the cart</p> <p>② LPN will verify at end of shift that said medication has been removed from cart</p> <p>③ On 24 hr check sheet the night nurse will check again for the removal and document on the check sheet (see attached)</p> <p>④ Red/ED / Designee will receive daily for compliance</p>	5/5/11 D

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 01/06/2011		REGIONAL REPRESENTATIVE Kimberli Foulkes, Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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

Page ⁵ of ¹⁶

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 01/06/2011		REGIONAL REPRESENTATIVE Kimberli Foulkes, Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Pauland</i>	DATE 3/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J...</i>	DATE 5/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
<p>184a</p> <p>The original container for prescription medications shall be labeled with a pharmacy label that includes the following:</p> <p>(1) The resident's name.</p> <p>(2) The name of the medication.</p> <p>(3) The date the prescription was issued.</p> <p>(4) The prescribed dosage and instructions for administration.</p> <p>(5) The name and title of the prescriber.</p>	<p>-On 1/6/11, Resident #4's medication administration record indicates the resident should take Ultram 50mg, twice a day at 9:00am and 5:00pm and as needed every 4 hours. The pharmacy label on the container in the medication cart states "1 tablet by mouth every six hours."</p> <p>-On 1/6/11, Resident #5's medication administration record indicates the resident should take Megace ES (Megestrol) 625 mg/5ml. The pharmacy label on the container in the medication cart states 40mg/ml. The medication administration record states the resident should take Metoprolol Tartrate 25mg, 1 tablet daily. The pharmacy label on the container in the medication cart states "1 tab every 12 hours."</p> <p>Repeated Violations: 01/06/2010</p>	<p>3/25/11 and ongoing</p>	<p>① Nurses and Med Techs level reviewed meds went to MAR</p> <p>② Discrepancies are being checked against original order and clarification and/or correction will be handled with the physician and/or pharmacy</p> <p>③ Nurses to verify information through the process of weekly cart audits that they have been assigned to (see attached)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/3/11</p> <p>Date: _____ Initials (DPW): _____</p>

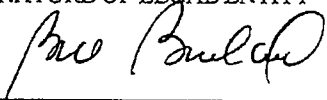
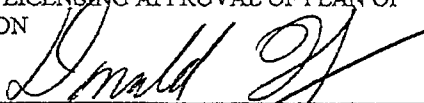
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 01/06/2011		REGIONAL REPRESENTATIVE Kimberli Foulkes, Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Paulus</i>	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
185a 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.	<p>-Resident #3 has a physician's order for Erythromycin OPTH 0.5% 5mg/1gm ointment and Guiatuss DM Syrup 10ml every six hours as needed. These medications are not present in the home.</p> <p>-Resident #4 has a physician's order for Acetaminophen 500mg as needed. This medication is not present in the home.</p> <p>The home does not follow procedures for accessing and securing prescribed medications.</p>	4/8/11	<p>① Additional storage cabinets to be ordered if needed</p> <p>② Nurses to review MARs and orders to assure that all medication both regular order and PRN are present in the home</p> <p>③ Pharmacy delivery credit will be done daily and nurse will contact pharmacy for any missing orders or notify family (see attached)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/5/11 Date Initials (DPW)</p>

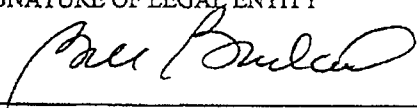
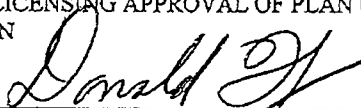
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 01/06/2011		REGIONAL REPRESENTATIVE Kimberli Foulkes, Christine McHale	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>-The medication administration record for resident #1 does not include a diagnosis for Biscodyl 5mg, Cyanocobalam Vit B12 1000 mcg 1ml, and Ferrous Sulfate 325mg.</p> <p>-The medication administration record for resident #2 does not include a diagnosis for Vit D 50,000 IU.</p> <p>-The medication administration record for resident #4 does not include a diagnosis for Prilosec 20mg, Vitamin D3 1000 units, Vitamin D 50000 IU, and Levothyroxine 175mcg 0.175mg.</p> <p>-The medication administration record for resident #5 does not include a diagnosis for Amlodipine Besylate 5mg, Digoxin 0.125mg, Evista 60mg, Ferrous Sulfate, Isosorbide Mono ER 30mg, Megace ES 625 mg/5ml, Methyl dopa 250mg, Metoprolol Tartrate 25mg, Mirtazapine 15mg, and Multivitamin.</p> <p>-The medication administration record for resident #6 does not include a diagnosis for Methylphenidate HCL 5mg.</p>	3/24/11	<p>① Nurses interviewed on 3/23/11 (see attached sign a sheet). Violation of PA 2660.187A as it relates to medication record needing to indicate diagnosis</p> <p>② They were instructed not to accept orders without diagnosis</p> <p>③ This will be verified on a daily MAR check by RCD/EO/designee</p>	3/5/11 DO

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (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.	Repeated Violations: 01/20/2010 09/21/2010		RCD = Resident care Director ED = EXECUTIVE DIRECTOR	

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
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SIGNATURE OF LEGAL ENTITY <i>Paul Bulawa</i>	DATE 3/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE 3/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Resident #1's Vit D 50,000 IU was not given on 1/4/11 at 9:00am and it was not present in the home on 1/6/11. Repeated Violations: 1/20/2010, 5/20/2010, 8/26/2010, 9/21/2010	3/24/11	<p>① Nurses at a meeting on 3/23/11 were instructed to follow the direction of the prescriber</p> <p>② This will be verified on a daily MAR check by RD/ED/Designer</p>	3/3/11 ⓪

VIOLATION REPORT
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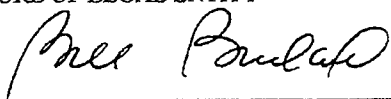

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	On 12/2/10 and 12/20/10 at 9:00am, resident #7 was administered 1mg of Lorazepam (Ativan) for refusal to shower. The December 2010 medication administration record indicates this medication should be administered 1/2 hr prior to shower two to three times a week as needed for a diagnosis of "refusal of care" and has a precaution that this medication "may cause drowsiness." There is evidence in the resident's record that this practice of chemical restraint has been going on since 1/7/08.	3/24/11	<p>Don 3/23/11 The nurses were instructed on the prohibited use of anti-anxiety medications for agitation</p> <p>② Staff was instructed to contact physicians for clarification of the use of the medication</p> <p>③ Once clarification is received the nurses will make a correction on the MAR</p> <p>④ Resident #7 is no longer at Rose Tree Place however we will</p>	3/5/11 a

Monitor all MARs for compliance

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


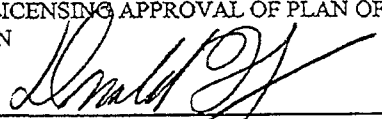
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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 01/06/2011		REGIONAL REPRESENTATIVE Kimberli Foulkes, Christine McHale	
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SIGNATURE OF LEGAL ENTITY 	DATE 3/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/31/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or				

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				

VIOLATION REPORT
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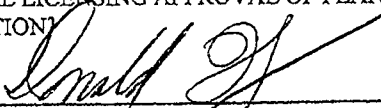
NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 01/06/2011		REGIONAL REPRESENTATIVE Kimberli Foulkes, Christine McHale	
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	<p>-Resident #8 was admitted to the home on 5/6/10. Notes in the resident's record from 5/6/10 through 5/13/10 indicate the resident ambulates with a cane indoors and is at risk for falls. The initial assessment completed on 5/13/10 did not address the resident's mobility needs accurately. The assessment states that the resident has "0" history of falls/safety issues and that the resident uses an ambulation device outdoors. The medical evaluation dated 5/14/10 states the resident has difficulty understanding and following oral directions in the event of an emergency. The resident's assessment states that he has no impairment in regards to understanding instructions.</p> <p>A progress note dated 6/22/10 states resident #8 was refusing to use a walker and that his safety was severely compromised due to balance issues. The assessment was not updated at this point to reflect the resident's needs.</p> <p>On 8/8/10, the resident was found on the floor next to the bed. On 8/9/10, this resident was found on floor with a large open area behind the left ear. The resident was admitted to the hospital</p>	3/22/11	<p>① The service plans were placed in assignment books to capture any potential changes in mobility or other needs</p> <p>② Daily assignment sheets will also capture changes in status (see attached)</p> <p>③ Weekly care plan meetings will be held on Thursday to discuss and review resident changes. The first meeting will be on 3/31/11</p>	5/5/11 <i>[Signature]</i>

RCS will oversee ongoing meeting to bring compliance 5/5/11 *[Signature]*

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
	<p>and returned to the home on 8/13/10, ambulating with a walker and unsteady gate. A new medical evaluation was completed on 8/10/10 states again that the resident has difficulty understanding and following oral directions in the event of an emergency. The resident's assessment was updated only to include the fall on 8/9/10, but did not include additional information to accurately reflect the resident's mobility needs.</p> <p>-Resident #9 was admitted to the home on 10/16/10. The assessment dated 10/17/10 has conflicting information about the resident's mobility needs. It indicates the resident is unable to move from one location to another without physical assistance from others, but later indicates the resident is a "mobile" resident.</p> <p>Repeated Violations: 05/20/2010</p>			

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
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SIGNATURE OF LEGAL ENTITY <i>Free Pauland</i>	DATE 3/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #9's assessment dated 10/17/10 indicates the resident is a fall risk and has weakness on the left side. The support plan dated 10/17/10 does not address how the home will meet these needs. Repeated Violations: 01/06/2010	3/31/11	<p>① Upon admission the assessment will be reviewed to the support plan to insure accuracy</p> <p>② A support plan will be developed to address the resident needs</p> <p>Support plans will be reviewed monthly to ensure compliance by RCB 5/5/11 wjm</p>	5/5/11 <i>[Signature]</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
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SIGNATURE OF LEGAL ENTITY <i>Bree Pauland</i>	DATE 3/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #8 had an initial assessment and support plan completed on 5/13/10. On 8/9/10, the resident fell and was admitted to the hospital for treatment. The assessment was updated to include the resident's fall and increased confusion. The support plan was not updated to address how the home will meet these needs. Repeated Violations: 06/29/2010	3/31/11	<p>① Upon admission the assessment will be reviewed to the support to insure accuracy</p> <p>② A support plan will be developed to address the resident needs</p> <p>③ Upon the readmission to the home a new support will be developed to address any changes</p> <p>Support Plans will be reviewed monthly to ensure compliance 5/5/11 <i>[Signature]</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/5/11 Date: <i>[Signature]</i> Initials (DPW)</p>

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Bill BULLARD EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Bill Bullard</i>	DATE <i>4/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>5/5/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
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	On 2/15/11, the resident narcotic record was unlocked and accessible; lying atop the medication cart in the hallway on the 2nd floor, and located directly across from the elevator.	<i>2/15/11</i>	<i>(See attached)</i>	<i>5/5/11</i> <i>OR</i>

Regulation number 17

What was the root cause of the violation?

The med tech on duty left the cart and did not secure the medical records of the home.

What was done to immediately correct the violation?

The medical records were immediately placed in a secure area and the staff person was counseled as to the proper procedure for securing resident records.



What will be done to ensure the violation does not reoccur?

All nurses and med techs were inserviced on the proper procedure for securing the resident records in the chart room upon leaving the wellness area.

Who will be responsible for monitoring and compliance? The resident care director and Executive Director will monitor for compliance. In their absent the responsibility will be that of the LPN supervisor or Manager on Duty

The violation was corrected the day of the violation Feb 15th ^{BB} and the training was held on Wednesday March 23rd 2011.

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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designated person, or if a court orders disclosure.				

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811
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SIGNATURE OF LEGAL ENTITY <i>Paul Boudard</i>	DATE 4/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 5/5/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
105c The supply of bed linens and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.	On 2/14/11, the home had 17 blankets, 8 sets of twin sheets and at least 1/2 dozen towels and hand towels. The home serves 100 residents.	4/22/11	See Attached	5/5/11 <i>[Signature]</i>

Regulation number ____105C

What was done to immediately correct the violation?

Maintenance Director did an Inventory . An order was placed (SEE ATTACHED)

What will be done to ensure the violation does not reoccur?

Continuous checks of Inventory supply to insure we have enough on hand . Order more supplies if needed

Who will be responsible for monitoring and compliance? Maintenance Director,
Housekeepers will be responsible for compliance

The order was received on April 22 , 2011.

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

Page 4 of 16

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 152811	
INSPECTION DATES (include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Pauland</i>	DATE 4/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J.</i>	DATE 5/5/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
105f1 Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning.	Resident clothing are not routinely labeled with their names; resulting in missing and or permanent loss of articles.	5/30/11	See Attached	5/5/11 a

Regulation number ____105f1

Root cause of the violation , Clothing was not clearly marked with name or room number

What was done to immediately correct the violation?

Staff began to separate and mark clothes and did an Inventory . An order was

What will be done to ensure the violation does not reoccur?

Continuous checks of laundry to insure we have marked . Also encourage families to assist in mark the clothes

Who will be responsible for monitoring and compliance? RCD / designee

The violation is being corrected and we will have all marked by May 30th



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

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING		PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	
SIGNATURE OF LEGAL ENTITY <i>Paul Bourland</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald JF</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	On 2/2/11, 2/11/11, 2/12/11 and 2/13/11, staff person A administered medications to residents. Staff person A is not a medical professional and the home does not have documentation of completion of the Department's medication administration training.	4/14/11	(See Attached)	5/5/11 DA

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.				

Regulation number_182b

What was the root cause of the violation? The staff person never completed the medication administration training course

What was done to immediately correct the violation ? The staff person was immediately pulled from the med tech position. Staff person was sent through the course and the required practicum. See attached

What will be done to ensure the violation does not reoccur ? The Resident care director and HR Manager will assure compliance and make sure they have all the required course and practicums completed before dispensing medications

Who will be responsible for monitoring and compliance ?Resident Care Director / HR manager

The violation was corrected on 4/14/11 see attached

See Attached audit form

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Bullock</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J.</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
183f1 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,	The order for resident #1's Warfarin Sodium 6mg was changed to 4mg on 2/7/11. The order for the resident's Warfarin Sodium 4mg was discontinued on 2/8/11. These medications were observed in the home's medication cart on 2/15/11. Repeated Violations: 09/21/2010	5/15/11	(See Attached)	5/5/11 dt

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 152811	
INSPECTION DATES (include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan.)			
SIGNATURE OF LEGAL ENTITY <i>Paul Pauland</i>	DATE 2/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. J.</i>	DATE 3/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

Regulation number_183f1

What was the root cause of the violation? The discontinued medications were not pulled from the carts on a regular basis even though the MAR'S had been noted

What was done to immediately correct the violation ? All DC'd medications were removed from the carts .

What will be done to ensure the violation does not reoccur ? The Resident Care Director / designee will check all carts for compliance . This will include cross checking the MAR to the cart to the order. The LPN upon receipt of order from a physician to discontinue a medication will inform the MED TECH to pull the medication from the cart . LPN will verify removal at end of shift . ON 24 hr chart check overnight nurse will recheck for said removal.

Who will be responsible for monitoring and compliance ? Resident Care Director / designee.

The violation will be corrected by May 15th

See attached tracking tool

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Free Care</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J.</i>	DATE 5/5/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
185a 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.	Resident #2's Acephen 650 mg suppository, PRN was not available for administration on 2/15/11.	5/15/11	(See attached)	Steps have been taken to correct violation; full compliance is not verifiable Date: 5/11 Initials: (DPW)

Regulation number_185a

What was the root cause of the violation? Medications which were PRN were not found in the home.

What was done to immediately correct the violation ? An audit was done of all orders to ensure that all medications both regular and PRN are present in the home.

What will be done to ensure the violation does not reoccur ? The pharmacy delivery audit will be done daily by LPN and the nurse will contact pharmacy and /or family for missing medication .On 24 hr chart check overnight nurse will recheck for said compliance. Additional storage cabinets will be ordered for overflow as needed

Who will be responsible for monitoring and compliance ?Resident Care Director / designee.

The violation will be corrected by May 15th

See Attached audit form

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Patricia Adams</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. [Signature]</i>	DATE 5/5/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye; nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	6 Staff persons B, C, and D administer medications to residents of the home. The home did not have documentation indicating staff persons B, C and D completed the annual practicum for the Department-approved medication administration course that was due in January 2011.	4/15/11	See Attached	5/5/11 a

Regulation number_190a

What was the root cause of the violation? The staff person never completed the medication administration practicum course

What was done to immediately correct the violation ? The staff person was immediately pulled from the med tech position. Staff person was sent through the course and the required practicum. See attached

What will be done to ensure the violation does not reoccur ? The Resident care director and HR Manager will assure compliance and make sure they have all the required course and practicums completed before dispensing medications

Who will be responsible for monitoring and compliance ?Resident Care Director / HR manager

The violation was corrected on 4/14/11 and 4/15/11 see attached

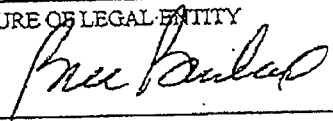
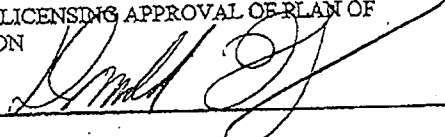
See Attached audit form

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811
INSPECTION DATES (include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY <i>Paul Pauland</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>
		DATE 5/3/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<ul style="list-style-type: none"> - The medication administration record for resident #2 does not include the diagnosis for Cipro 250 mg. - The medication administration record for resident #3 does not include the diagnosis for Fecainide Acetate 50 mg, Coumadin 5 mg, Coumadin 2.5 mg, Ferrous Sulfate 160 mg and Metoprolol Tartrate 50 mg. - The medication administration record for resident #4 does not include the diagnosis for Isosorbide Mononitrate ER 30 mg. - Both the January and February medication administration record for resident #5 does not include the diagnosis for Soribital 70% SL, 480 ml, PRN. <p>Repeated Violations: 09/21/2010</p>	5/15/11	(See attached)	5/3/11 <i>J</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (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.				

Regulation number_187a

What was the root cause of the violation? The Mars did not include the diagnosis for each medication. Including PRN medications

What was done to immediately correct the violation ? The staff was inserviced on March 23rd on the proper procedure for accepting a doctor's order and were instructed not to accept any orders without a diagnosis.

What will be done to ensure the violation does not reoccur ? This will be verified on the daily MAR check and on the 24hour report.

Who will be responsible for monitoring and compliance ?Resident Care Director / ED/ designee.

The violation will be corrected by May 15th

See Attached audit form

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Paulak</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE 5/5/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> - Resident #1's Donepezil HCL 10 mg was not initialed for the 9:00 pm dose on 2/8/11. - Resident #2's medication administration record was not initialed for the administration of Morphine Sulfate 20 mg/1ml SL at 12:00 am on 2/14/11, Budesonide 30 SDV UD 0.5 mg/2ml, 2:00 pm dose on 2/3/11, Prednisone 10 mg, 9:00 am dose on 2/11/11, Mucinex 600 mg, 9:00 am dose on 2/12/11 and the 9:00 pm dose on 2/14/11, the 9:00 am application of leg wraps on 2/1/11 and 2/5/11 and the 9:00 pm removal of leg wraps on 2/2/11, 2/3/11 and 2/6/11, the 9:00 am treatment to the right elbow on 2/11/11 and Ipratropium Bromide 0.2 mg/ml SOL treatment on 2/13/11 at 9:00 pm. - Resident #3's Cymbalta 60 mg was not initialed for the 9:00 am dose on 2/6/11 and the 9:00 pm dose of Metoprolol Tartrate 50 mg, on 2/8/11, was not initialed. - Resident #4's Cymbalta 60 mg was not initialed for the 5:00 pm dose on 2/14/11. The time administered and initial were missing from the administration of Oxycod/Acetamin 5 mg/325 mg 	5/5/11	See Attached	5/5/11 <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY <i>Priscilla Pauland</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. [Signature]</i>
		DATE 5/13/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
	<p>on 2/14/11.</p> <ul style="list-style-type: none"> - Resident #5's Zocor 40 mg was not initialed for the 9:00 pm dose on 1/18/11, Ativan 0.5 mg was not initialed for the 8:00 pm dose on 2/7/11 and the 2:00 pm dose on 2/11/11, 2/12/11 and 2/14/11. - Resident #6's medication administration record was not initialed for the administration of Lubri Fresh Opth ointment at 9:00 pm on 2/13/11 and 2/14/11 and Flecaïnide Acetate 100 mg at 5:00 pm on 2/15/11. <p>Repeated Violations: 05/20/2010</p>			

Regulation number_187b

What was the root cause of the violation? The Mars did not include the initials of the individuals who dispensed the medication.

What was done to immediately correct the violation ? The staff was inserviced on March 23rd on the proper procedure for initialing all MAR'S at the time the medication is dispensed . See attached

What will be done to ensure the violation does not reoccur ? This will be verified on the daily MAR check and on the 24hour report.

Who will be responsible for monitoring and compliance ?Resident Care Director / ED/ designee.

The violation will be corrected by May 15th

See Attached audit form

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

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Buland</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. [Signature]</i>	DATE 5/5/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusal to take a prescribed medication shall be reported as required by the prescriber.	On 2/2/11, 2/3/11, 2/7/11, 2/9/11, 2/10/11, 2/12/11, 2/13/11 and 2/14/11, resident #5 refused to take a scheduled dose of Senna 8.6 mg and scheduled doses of Senokot on 1/20/11, 1/24/11, 1/25/11, 1/26/11, 1/29/11, 1/30/11 and 1/31/11 at 9:00 pm. The home did not report the refusal to the resident's doctor as required. Repeated Violations: 09/21/2010	5/15/11	See attached	Steps have been taken to correct violation; full compliance is not verifiable <u>5/5/11</u> Date Initials (DPW)

Regulation number_187c

What was the root cause of the violation? Individuals did not follow the prescriber orders as to the accuracy of the medication or did not administer the medication.

What was done to immediately correct the violation? The staff was inserviced on several occasions on the proper procedure to follow the prescribers orders residents refusal to take a medication.

What will be done to ensure the violation does not reoccur? This will be verified on the daily MAR check and on the 24hour report.

Who will be responsible for monitoring and compliance? Resident Care Director / ED/ designee.

The violation will be corrected by May 15th

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 152811	
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Bulard</i>	DATE <i>4/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE <i>5/5/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Resident #3's Potassium 10 meq was not available for administration on 2/15/11. Repeated Violations: 09/21/2010 08/26/2010 05/20/2010 <i>Violation withdrawn</i> <i>At 5/5/11</i>	<i>5/5/11</i>	<i>(See attached)</i>	

Regulation number_187d

What was the root cause of the violation? Individuals did not follow the prescriber orders as to the accuracy of the medication or did not administer the medication.

What was done to immediately correct the violation ? The staff was inserviced on several occasions on the proper procedure to follow the prescribers orders .

~~What will be done to ensure the violation does not reoccur ? This will be verified on the daily MAR check and on the 24hour report.~~

Who will be responsible for monitoring and compliance ?Resident Care Director / ED/ designee.

The violation will be corrected by May 15th

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 152812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011, 3/17/2011, 3/18/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Bill Burland EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Bill Burland</i>	DATE 4/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J.</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
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	On 3/18/11, at 10:55 am, all of the residents' medical records were unlocked and accessible in the home's wellness center.	3/18/11	<i>See attached plan</i>	5/5/11 <i>DB</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Joe Pauland</i>	DATE 4/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J.</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
designated person, or if a court orders disclosure.				

Regulation number_17___

What was the root cause of the violation?

The nurse on duty left the room and did not secure the medical records of the home.

What was done to immediately correct the violation?

The medical records were immediately placed in a secure area and the staff person was counseled as to the proper procedure for securing resident records.

What will be done to ensure the violation does not reoccur?

All nurses and med techs were inserviced on the proper procedure for securing the resident records in the chart room upon leaving the wellness area.

Who will be responsible for monitoring and compliance ?The resident care director and Executive Director will monitor for compliance . In their absent the responsibility will be that of the LPN supervisor or Manager on Duty

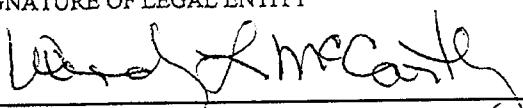
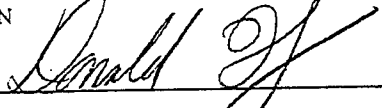
The violation was corrected the day of the violation March 18th.and the training was held on Wednesday March 23rd 2011.

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

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A has an online high school diploma that is not accredited by any Department of Education. Repeated Violations: 08/12/2010	3/21/11	See attached	5/5/11 <i>[Signature]</i>

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services with reasonable skill and safety.				

Regulation number __54a_____

What was the root cause of the violation? Staff person A did not have a GED from an accredited school .

What was done to immediately correct the violation ? Staff person A was immediately removed from the schedule . An investigation was done to review all credentials of the staff person

What will be done to ensure the violation does not reoccur ? Going forward all applicants will have their credentials reviewed and verified before an offer of employment is made.

Who will be responsible for monitoring and compliance ? HR Manager \ ED /designee. Will be responsible for the ongoing compliance .

This was corrected on March 21 ,2011

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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.	Residents of the home, including # 1 through #11, have not been assessed capable of recognizing and using poisons safely. - A bottle of mouthwash, with a manufacturer's label indicating, "If more than used for rinsing is accidentally swallowed, contact a physician or a Poison Control Center right away," was unlocked and accessible to residents in room 204. - A bottle of H2 Orange Concentrate with a manufacturer's label indicating, "If swallowed call a Poison Control Center or doctor," was unlocked and accessible to residents in a storage closet in the home's secured dementia unit. - A bottle of antibacterial disinfectant spray on the kitchenette table with a manufacturer's label indicating, "If swallowed Poison Control Center or doctor immediately," and a bottle of nail polish remover on the bathroom sink with a manufacturer's label indicating, "In case of accidental ingestion give fluids liberally and consult a Poison Control Center," were unlocked and accessible to residents in resident room 301.	3/18/11 4/25/11 4/29/11	See attached - Random checks Inservice	5/5/11 <i>DP</i>

Regulation number_82C CORRECTED DAY OF VIOLATION.

What was done to immediately correct the violation? The chemical was immediately removed and properly disposed of. The door was also secured.

What will be done to ensure the violation does not reoccur?

Program Director , Maintenance Director , House keeper will make random checks of all storage rooms daily. The maintenance director will be responsible for the checks .Effective April 25th random checks will be conducted . Education of associates to insure they understand the importance of keeping poisonous materials locked up. All inservices will be completed by May 1 2011. Random checks and continued inservices to educate associates.

In regards to the issues in the resident rooms .

Support plans and assessments will be updated to reflect which residents are able to keep poisonous materials in their rooms . This will be completed by May 15th 2011.

Resident Care Director , Designee will be responsible to complete assessments and support plans.

Changes will be made by assessing individual residents to ensure that they are capable of keeping poisonous materials in their rooms . This will be done yaerly or upon change in condition.

For new residents the initial assessment will determine if they are capable of using poisonous materials. This will be reviewed within 15 days of admission, yearly or upon change in condition .

All staff will check inappropriately stored poisons as part of daily activities + observed problems will be corrected immediately + notify RCD or MD. 5/5/11 JFM ED or

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone in the living room of resident room 301 does not have emergency service numbers posted nearby. The telephone in the bedroom to the right of the living room in resident room 301 does not have emergency service numbers posted nearby. Repeated Violations: 09/21/2010	3/18/11 4/29/11	See attached - Sweep of all phones	5/3/11 <i>DP</i>

Regulation number__91

What was the root cause of the violation? Residents who were new to the community or had gotten new phones did not have emergency numbers posted nearby.

What was done to immediately correct the violation ? Stickers were placed on the phones and the violation was corrected at the time of inspection

What will be done to ensure the violation does not reoccur ? Going forward all rooms will be checked for compliance by the housekeeping and maintenance staff. During the week of April 25th a sweep will be made of all phones for continued compliance

Who will be responsible for monitoring and compliance ? Maintenance Director / designee will be responsible for the monitoring and compliance

This was corrected on March 18 ,2011

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

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the Wellness Center does not include a CPR breathing shield.	3/18/11 4/29/11	<i>See attached</i> <i>Summary of all kits</i>	3/5/11 9

Regulation number__96

What was the root cause of the violation? Staff person responsible for replenishing the kits did not include the CPR shield in the Wellness Center Kit

What was done to immediately correct the violation ? The CPR shield was placed in the kit by the ED immediately when it was discovered.

What will be done to ensure the violation does not reoccur ? Going forward all kits will be checked for compliance by the nurses and Resident Care Director. During the week of April 25th a sweep will be made of all kits for continued compliance

Who will be responsible for monitoring and compliance ? Resident Care Director/ designee will be responsible for the monitoring and compliance

This was corrected on March 18 ,2011

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

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102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	<ul style="list-style-type: none"> - There is no grab bar, hand rail or assist bar in the first toilet stall in the women's common bathroom on the home's first floor near the elevators. - There is no grab bar, hand rail or assist bar for the urinal in the men's common bathroom on the home's first floor near the elevators. <p style="margin-top: 10px;"><i>Portion of violation relating to urinal withdrawn</i> <i>05/5/11</i></p>	3/26/11	<i>See attached</i>	5/5/11 <i>[Signature]</i>

Regulation number 102d1

What was the root cause of the violation? There was an incorrect interpretation of the regulation regarding the placement in common area bathrooms

What was done to immediately correct the violation ? The parts were ordered and the best way for securing them was devised .The bars were placed on March 26th 2011.

What will be done to ensure the violation does not reoccur ? The Maintenance Director will check all restrooms for compliance . This will include checking grab bars for stability and correcting if needed


Who will be responsible for monitoring and compliance ? Maintenance Director/ designee.

Repairs were completed on March 26th 2011

See attached photos

VIOLATION REPORT
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103c Food shall be protected from contamination while being stored, prepared, transported and served.	<ul style="list-style-type: none"> - Two large containers of ice cream were uncovered in the ice cream freezer in the home's main kitchen. - A bag of hash browns was in an unsealed package in the walk-in freezer in the home's main kitchen. 	3/18/11 3/23/11 to 3/27/11	<i>See attached</i> <i>Training</i> <i>See attached.</i>	3/31/11 

Regulation number__103c

What was the root cause of the violation? The staff failed to properly reseal the ice cream containers. In the case of the unsealed bag it had just been received and had fallen from the shelf and split open.

What was done to immediately correct the violation ? All products were disposed of immediately

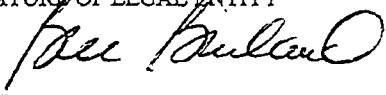
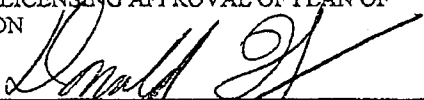
What will be done to ensure the violation does not reoccur ? Staff has been inserviced on the proper procedures for replacing lids on ice cream .All products will be in sealed packages

Who will be responsible for monitoring and compliance ? Food service Director /designee

Repairs were completed on March 18th2011

See attached inservice trainings

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141b1 A resident shall have a medical evaluation: (1) At least annually.	<ul style="list-style-type: none"> - Resident #1's last medical evaluation was completed on 2/2/10. - Resident #2's most recent medical evaluation was completed on 2/7/11. The previous medical evaluation was completed on 12/8/09. 	4/30/11	See attached		<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date: 5/3/11 Initials (DPW):</p>

Regulation number_141b1

What was the root cause of the violation? The MA 55 was late being sent to the Doctor and the doctor wanted to wait to exam the resident on March 28,2011 until he would complete the eval.

What was done to immediately correct the violation ? The physician was contacted to complete the eval .Resident MA55 was completed on3/28/2011.Awaiting physician sending back the form .

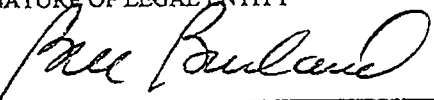

What will be done to ensure the violation does not reoccur ? The Resident Care Director will check all MA55 for compliance . This will include checking the need for upcoming medical evals.

Who will be responsible for monitoring and compliance ? Resident Care Director / designee.

The violation will be corrected by April 30th

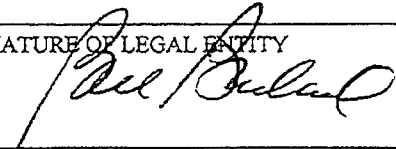

See attached tracking tool

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183f1 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,	<ul style="list-style-type: none"> - Resident #3 had an order for Levothyroxine 88 mcg that was discontinued on 2/26/11. This medication was still present on the medication cart with the resident's prescribed medications. - Resident #5 had an order for Alprazolam 0.25 mg and Carbamoxide 6.5% ear drops. These medications were discontinued but still present in the medication cart with the resident's prescribed medications. - Resident #7 had an order for Albuterol Sulfate Solution .083% 180 mL that was discontinued on 3/11/11. This medication was still present on the medication cart with the resident's prescribed medications. -The red biohazard bin attached to the wall in the "Pathways" medication room was half-way full of loose pills and packaged medications that had not been destroyed properly. <p>Repeated Violations: 09/21/2010</p>	5/15/11	(See attached)	5/5/11 DB

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

Regulation number_183fl

What was the root cause of the violation? The discontinued medications were not pulled from the carts on a regular basis even though the MAR'S had been noted

What was done to immediately correct the violation ? All DC'd medications were removed from the carts .


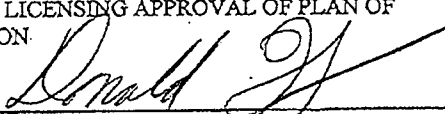
What will be done to ensure the violation does not reoccur ? The Resident Care Director / designee will check all carts for compliance . This will include cross checking the MAR to the cart to the order. The LPN upon receipt of order from a physician to discontinue a medication will inform the MED TECH to pull the medication from the cart . LPN will verify removal at end of shift . ON 24 hr chart check overnight nurse will recheck for said removal.

Who will be responsible for monitoring and compliance ? Resident Care Director / designee.

The violation will be corrected by May 15th

See attached tracking tool

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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	<ul style="list-style-type: none"> - Resident #7 is prescribed Clonidine HCL 0.1 mg twice daily. The label for this medication states three times daily. Resident #7 is also prescribed Docusate Sodium 100 mg two capsules twice daily. The label for this medication states two capsules as needed. Resident #7 has an order for Lasix 40 mg tablet Monday, Wednesday, Friday. The label on this medication states 80 mg ½ tablet Monday, Wednesday, Friday. - Three boxes of Alendronate Sodium 70 mg that were in the medication cart and were identified by the home's staff members to belong to Resident #3. The boxes were not labeled with a pharmacy label and did not even have the resident's name on them. <p style="text-align: center;">Report violation 4/21/11 5/5/11</p>	5/15/11	See attached	Steps have been taken to correct violation; full compliance is not verifiable Date: 5/5/11 Initials: [unclear] (DPW)

Regulation number_184a

What was the root cause of the violation? Medications were not checked for proper labels and were not checked using order to MAR to cart

What was done to immediately correct the violation ? The med cart check was reviewed with staff at a meeting held on March 23,2011 . A review of company regarding monthly recaps was also reviewed (see attached)

What will be done to ensure the violation does not reoccur ? The Resident Care Director / designee will check all carts for compliance . ON 24 hr chart check overnight nurse will recheck for said compliance.

Who will be responsible for monitoring and compliance ? Resident Care Director / designee.

The violation will be corrected by May 15th

See attached tracking tool

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SIGNATURE OF LEGAL ENTITY <i>Priscilla Brulins</i>	DATE 4/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Resident #8's over-the-counter medications "Deep Sleep," Picamilan, Vitamin B-100 complex, and Multi-Vitamin were not labeled with the resident's name. Repeated Violations: 09/21/2010	3/18/11 Verified again on 4/20/11	See attached	5/5/11 <i>[Signature]</i>

Regulation number_184b

What was the root cause of the violation? Medications were not checked for proper labels and were not checked using order to MAR to cart

What was done to immediately correct the violation ? The med cart check was reviewed with staff at a meeting held on March 23.2011 . A review of company policy regarding monthly recaps was also reviewed (see attached) The resident name was immediately placed on the medications

What will be done to ensure the violation does not reoccur ? The Resident Care Director / designee will check all carts for compliance . ON 24 hr chart check overnight nurse will recheck for said compliance.

Who will be responsible for monitoring and compliance ? Resident Care Director / designee.

The violation was corrected on March 18th and verified on April 20, 2011

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Paulao</i>	DATE <i>4/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE <i>5/3/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
185a 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.	<ul style="list-style-type: none"> - Resident #3 has orders for Loperamide HCL 2 mg and Acetaminophen 325 mg as needed. These medications were not available in the home. - Resident #4 has an order for Acetaminophen 325 mg as needed. This medication was not available in the home. - Resident #5 has an order for CPD: ABHR 1 – 25 – 1 – 10 mg/1 mL gel and PRN Atropine 1% drops as needed. These medications were not available in the home. <p>Reported violation 4/21/11, 4/21/11 <i>4/21/11</i></p>	<i>5/15/11</i>	<i>(See attached)</i>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>5/14/11</i> <i>DP</i> Date Initials (DPW)</p>

Regulation number_185a

What was the root cause of the violation? Medications which were PRN were not found in the home.

What was done to immediately correct the violation ? An audit was done of all orders to ensure that all medications both regular and PRN are present in the home.

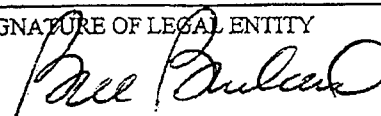
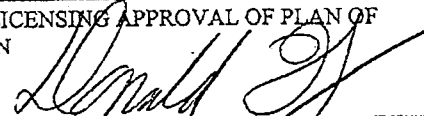
What will be done to ensure the violation does not reoccur ? The pharmacy delivery audit will be done daily by LPN and the nurse will contact pharmacy and /or family for missing medication .On 24 hr chart check overnight nurse will recheck for said compliance. Additional storage cabinets will be ordered for overflow as needed

Who will be responsible for monitoring and compliance ?Resident Care Director / designee.

The violation will be corrected by May 15th

See Attached audit form

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 4/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/31/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #1 did not receive Aricept 10 mg on 1/16/11, 1/17/11, and 1/18/11 because the medication was not available in the home. The home did not notify the prescriber of the medication error. Repeated Violations: 05/20/2010 09/21/2010	5/15/11	(See attached)	Steps have been taken to correct violation; full compliance is not verifiable 5/15/11 Date Initials (DPW)

Regulation number_188b

What was the root cause of the violation? The staff failed to notify the prescriber that the medication ordered was available in the home .

What was done to immediately correct the violation ? The prescriber was notified

What will be done to ensure the violation does not reoccur ? The pharmacy audit will be checked to insure that all medications are in the home . if not the LPN will notify the family and prescriber of the the missing medication. The LPN will document in the chart the contacts , date and time of the notifications .

Who will be responsible for monitoring and compliance ?Resident Care Director / designee.

The violation will be corrected by May 15th

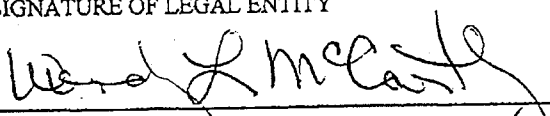
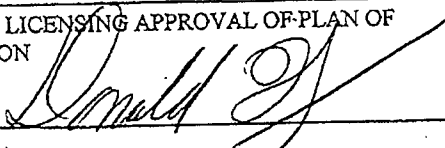
See Attached audit form

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Pauland</i>	DATE 4/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J...</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>- The medication administration record (MAR) for Resident #3 did not include a diagnosis for Klor-Con M20 and Loperamide 2mg. Resident #3 is also prescribed Levothyroxine 100 mg. This medication is not listed on the resident's MAR.</p> <p>- The MAR for Resident #7 did not include a diagnosis for Acetaminophen ER 650 mg. Resident #7 is also prescribed Docusate Sodium 100 mg two capsules twice daily. The MAR states Ducusate Sodium 100 mg one capsule twice daily.</p> <p>-The MAR or Resident #5 did not include a diagnosis for Milk of Magnesium.</p> <p>- The MAR for Resident #6 did not include a diagnosis for Fentanyl 25 mcg patch, Fentanyl 100 mcg patch, Flucinolone Acetonide 0.01%, Vitamin D3 1000 units, Symbicort 120, Remeron 15 mg, and Spiriva.</p> <p>- Resident #7 has an order for Potassium Chloride 8 MEQ twice daily. The resident's MAR states once daily.</p>	5/15/11	See attached	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/5/11 Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 5/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (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.	Repeated Violations: 09/21/2010			

Regulation number_187a

What was the root cause of the violation? The Mars did not include the diagnosis for each medication. Including PRN medications

What was done to immediately correct the violation ? The staff was inserviced on March 23rd on the proper procedure for accepting a doctor's order and were instructed not to accept any orders without a diagnosis.

What will be done to ensure the violation does not reoccur ? This will be verified on the daily MAR check and on the 24hour report.

Who will be responsible for monitoring and compliance ?Resident Care Director / ED/ designee.

The violation will be corrected by May 15th

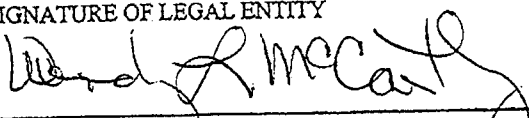
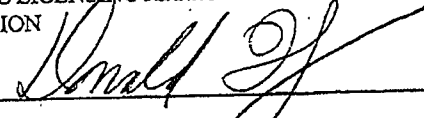
See Attached audit form

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 4/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> - Resident #3's medication administration record (MAR) was not initialed for Metamucil 160 mg on 3/12/11 at 5:00 pm and Aricept 10 mg and Senna Plus 8.6 mg – 50 mg on 3/13/11 at 9:00 pm. - Resident #4's MAR was not initialed for Acetaminophen 325 mg on 3/5/11 at 1:00 pm and Isosorbide Mono IR 20 mg on 3/5/11 at 12:00 pm. - Resident #5's MAR was not initialed for the following medications: Aspirin 325 mg on 3/5/11 at 9:00 am, Benefiber on 3/5/11 at 9:00 am, Budesonide 30's SDV UD 0.5mg/2mL on 3/5/11 at 9:00 pm, 3/6/11 at 10:00 am and 2:00 pm, 3/7/11 at 2:00 pm and 3/14/11 at 9:00 pm, Milk of Magnesium on 3/13/11 at 9:00 pm, Exelon patch 4.6 mg/24 hrs on 3/13/11 at 9:00 am, Morphine Sulfate 20mg/mL solution on 3/10/11, 3/14/11, and 3/15/11 at 12:00 am and lpratriopium Bromide 0.2 mg/mL on 3/16/11 at 5:00 pm. - Resident #6's MAR was not initialed for Percocet 5/325mg on 3/15/11 at 7:00 am and Fluconolone Acetonide .01% solution on 3/13/11 at 5:00 pm and 3/15/11 at 9:00 am. 	5/15/11	(See attached)	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 5/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
	<p>- Resident #7's MAR was not initialed for the following medications: Acetaminophen ER 650 mg on 3/7/11 at 9:00 am and 5:00 pm, Carvedilol 6.35 mg on 3/13/11 and 3/14/11 at 9:00 pm, Clonidine HCL 0.1 mg on 3/7/11 at 5:00 pm, Docusate Sodium 100 mg on 3/7/11 at 5:00 pm, Rozerem 8 mg on 3/13/11 at 9:00 pm, Simvastatin 40 mg on 3/13/11 at 9:00 pm, Terazosin HCL 5mg on 3/13/11 at 9:00 pm, Warfarin Sodium 3 mg on 3/3/11 at 5:00 pm, and Albuterol .83% on 3/5/11 and 3/6/11 at 1:00 pm and 3/7/11 at 5:00 pm.</p> <p>Repeated Violations: 05/20/2010</p>			

Regulation number_187b

What was the root cause of the violation? The Mars did not include the initials of the individuals who dispensed the medication.

What was done to immediately correct the violation ? The staff was inserviced on March 23rd on the proper procedure for initialing all MAR'S at the time the medication is dispensed . See attached

What will be done to ensure the violation does not reoccur ? This will be verified on the daily MAR check and on the 24hour report.

Who will be responsible for monitoring and compliance ?Resident Care Director / ED/ designee.

The violation will be corrected by May 15th

See Attached audit form

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Pauland</i>	DATE 4/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
<p>187c</p> <p>If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.</p>	<p>Resident #9 refused Oyster Shell Calcium, Colace 100 mg, Depakote 125 mg on 2/2/11, 2/3/11, 2/7/11, 2/9/11, 2/10/11, 2/12/11, and 2/14/11 at 5:00 pm. The resident also refused Risperdal 0.25 mg at 5:00 pm on 2/7/11, 2/9/11, 2/10/11, 2/12/11, and 2/14/11. The prescriber of these medications was not notified of these refusals.</p> <p>Repeated Violations: 09/21/2010</p>	<p>5/15/11</p>	<p>(See attached)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>5/5/11</i></p> <p>Date Initials (DPW)</p>

Regulation number_187c

What was the root cause of the violation? Individuals did not follow the prescriber orders as to the accuracy of the medication or did not administer the medication.

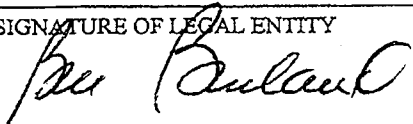
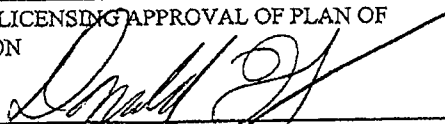
What was done to immediately correct the violation? The staff was inserviced on several occasions on the proper procedure to follow the prescribers orders residents refusal to take a medication.

What will be done to ensure the violation does not reoccur? This will be verified on the daily MAR check and on the 24hour report. RCD/LPN/ED all refusals will be reported to prescriber for regulations. 5/5/11 JFM

Who will be responsible for monitoring and compliance? Resident Care Director / ED/ designee.

The violation will be corrected by May 15th

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 4/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	<ul style="list-style-type: none"> - Resident #3 has an order for Aspirin chewable 81mg. The home is dispensing safety coated Aspirin 81 mg. - Resident #5 was ordered a Phosphate Enema 19q - 7 q/118 to be dispensed on 11/22/10 after the resident was dispensed Ducosate Sodium 100 mg. The enema was not administered to the resident. - Resident #6 has an order for Percocet 5mg/325 mg one table at 7 am as Fentanyl patch gets changed. The home did not have this medication available. - Resident #7 has an order for Potassium Chloride 8 MEQ twice daily. The home was administering the medication once daily at 9:00 am. Resident # 7 is also prescribed Ducosate Sodium 100 mg two capsules twice daily. The home was administering one capsule twice daily. Resident #7 has an order for daily weights. The resident's weight was not taken on 3/5/11 and 3/15/11. <p>Repeated Violations: 05/20/2010 08/26/2010</p>	4/15/11	(See Attached)	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">3/5/11 Date Initials (DPW)</p>

Regulation number_187d

What was the root cause of the violation? Individuals did not follow the prescriber orders as to the accuracy of the medication or did not administer the medication.

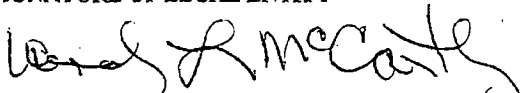
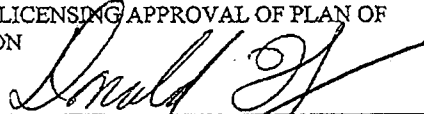
What was done to immediately correct the violation ? The staff was inserviced on several occasions on the proper procedure to follow the prescribers orders residents refusal to take a medication. Resident #3 the order is being changed to regular 81mg aspirin. Resident #5 the enema was not given and the medication was properly disposed of. Resident #6 medication is available Resident #7 The order was changed on 3/17 but not picked up on the recap. Order is now in place for Potassium Chloride Resident #7 order for Docusate sodium was change to PRN .

What will be done to ensure the violation does not reoccur ? This will be verified on the daily MAR check and on the 24hour report. This would include daily weight checks .

Who will be responsible for monitoring and compliance ?Resident Care Director / ED/ designee.

The violation will be corrected by May 15th

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 5/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
	09/21/2010			

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Bee Wendy McCreary</i>	DATE 5/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

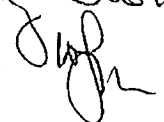
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment 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.	Resident #9 receives wound care to right arm and physical therapy/occupational therapy. The e needs related to these items were not addressed on the resident's assessment dated 1/16/11.	5/15/11	(See attached)	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>[Signature]</i> Date Initials (OPW)</p>

Regulation number_225a

What was the root cause of the violation? The resident needs were not addressed on the assessment .

What was done to immediately correct the violation? The support plan did indicate these needs . We have done an updated assessment and support plan.

What will be done to ensure the violation does not reoccur ? All assessments will be reviewed by RCD/ ED designee for compliance

Who will be responsible for monitoring and compliance ? Resident Care Director / ED/ designee. *Reviews will be held on monthly basis*
5/5/11 

The violation will be corrected by May 15th

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Lee Paul</i>	DATE 4/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>- Resident #2's most recent assessment was completed on 2/7/11. The previous assessment was completed on 12/8/09.</p> <p>- Resident #4's assessment dated 8/4/10 did not include that the resident requires a low salt diet with sugar free desserts.</p> <p>- Resident #11's most recent assessment was completed on 11/15/10. The previous assessment was completed on 8/21/09.</p> <p>Repeated Violations: 05/20/2010 06/29/2010 09/21/2010</p>	<p>5/15/11</p>	<p>(See attached)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/15/11</p> <p>Date Initials (DPW)</p>

Regulation number_225c

What was the root cause of the violation? Assessments were not done in accordance with the regulation . New staff was working to update and bring these issues into compliance

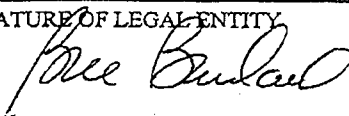

What was done to immediately correct the violation? Resident #2 assessment was done but not in the prescribed parameters . Resident #4 assessment had diet added to assessment .Resident #11 assessment was done but not in the prescribed time frame .

What will be done to ensure the violation does not reoccur ? All assessments will be reviewed by RCD/ ED designee for compliance . A tracking form has been developed to monitor compliance . (see attached)

Who will be responsible for monitoring and compliance ?Resident Care Director / ED/ designee.

The violation will be corrected by May 15th

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132812	
INSPECTION DATES (include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 4/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/5/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
<p>227c</p> <p>The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.</p>	<ul style="list-style-type: none"> - Resident #1's assessment dated 9/20/10 identifies that the resident has incontinence of bowel and bladder, requires transfer assistance, and a fall history. This information is not addressed on the resident's support plan dated 9/20/10. - An assessment was completed for resident #2 on 2/7/11. The resident's support plan was not revised on or after 2/7/11. - Resident #11's assessment dated 11/15/10 identifies that the resident has incontinence of bowel and bladder. This information is not addressed on the resident's support plan dated 11/15/10. <p>Repeated Violations: 06/29/2010</p>	<p>5/15/11</p>	<p>(See attached)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>5/5/11</u> Date Initials (DPW)</p>

Regulation number_227c

What was the root cause of the violation? Assessments were done but support plans did not reflect all of the information.

What was done to immediately correct the violation? Resident #1 support plan was done. Resident #2 support plan was done . .Resident #11support was done

What will be done to ensure the violation does not reoccur? All assessments will be reviewed by RCD/ ED designee for compliance and support plans will be developed to reflect assessment changes A tracking form has been developed to monitor compliance . (see attached)

Who will be responsible for monitoring and compliance?Resident Care Director / ED/ designee.

The violation will be corrected by May 15th