



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 29 2012

David Barnes, Authorized Agent
Watermark Operator, LLC
2020 West Rudasil Road
Tucson, Arizona 85704

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

Dear Mr. Barnes:

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 be 'RM' or similar initials, written over a horizontal line.

Ronald Melusky
Director

cc: Connie Walsh, Office of General Counsel

Street Address:
305 North Front Street, Harrisburg, PA 17101
Mailing Address:
P.O. Box 999, Harrisburg, PA 17108
Phone: 717.237.7100 Fax: 717.237.7105

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

February 24, 2012

Via Hand Delivery

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

RECEIVED

FEB 27 2012

Adult Residential Licensing

Re: **Rose Tree Place/Appeal of Fine**
Assessment # S00311

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 February 9, 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 February 9, 2012 determination from DPW, all outstanding deficiencies for Rose Tree Place were corrected, negating the need to impose these fines.

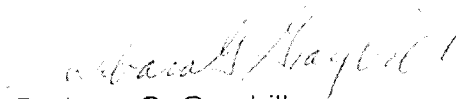
Please also consider this letter as a formal request to enter my appearance as counsel for Watermark Operator, LLC, d/b/a, Rose Tree Place. On the basis of this

notice, I request a copy of each document hereafter issued to be directed to me as follows:

Barbara G. Graybill, Esquire
THOMAS, THOMAS & HAFER, 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:1052156.1

Enclosures

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



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ADULT RESIDENTIAL LICENSING

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEB 09 2012

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 January 11, 2012, 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
183b	II	94	\$5	\$470	\$10,340
185a	II	94	\$5	\$470	<u>\$10,340</u>

Total Fine Assessment for period January 12, 2012 through February 2, 2012 = \$20,680.

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

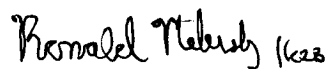
If you disagree with the decision to assess a fine, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35 and 62 P.S. §1086(f). If you decide to appeal, a written request for an appeal with 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
Forum Place, 1st Floor
555 Walnut Street
Harrisburg, Pennsylvania 17101

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
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
 Forum Place, 1st Floor
 555 Walnut Street, Harrisburg, PA 17101
 Fax: 717-772-2501

Assessment #: S00311
Invoice Date: FEB 09 2012

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 II	183b	1/12/2012	2/2/2012	\$10,340.00	\$10,340.00
Class II	185a	1/12/2012	2/2/2012	\$10,340.00	\$10,340.00
Invoice Total					\$20,680.00

Please remit this portion with payment to ensure proper credit

Watermark Operator LLC
 2020 West Rudasill Road
 Tucson, AZ 85704

Assessment #: S00311

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
Forum Place, 1st Floor
555 Walnut Street
Harrisburg, PA 17101
Attn: Anita Shafer

Total Due \$20,680.00

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 REQUESTED
MAILING DATE:

JAN 11 2012

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 June 13, 2011, June 14, 2011, June 16, 2011, June 17, 2011, September 27, 2011, September 28, 2011, October 11, 2011 and December 6, 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 FOURTH 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. The Department cannot issue more than four consecutive PROVISIONAL licenses, therefore, this is the final PROVISIONAL license that may be issued. Your personal care home must come into full compliance and be issued a regular license upon expiration of this FOURTH PROVISIONAL license.

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, 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)
17	II	94	\$5	\$470	5 calendar days from mailing date of this letter
183b	II	94	\$5	\$470	5 calendar days from mailing date of this letter
185a	II	94	\$5	\$470	5 calendar days from mailing date of this letter
187c	II	94	\$5	\$470	5 calendar days from mailing date of this letter
187b	III	94	\$3	\$282	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. 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.

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
 631 Health and Welfare Building
 7th and Forster Streets
 Harrisburg, Pennsylvania 17120

Mr. David Barnes

3

The 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 'R. Melusky', with a long, sweeping horizontal stroke extending to the right.

Ronald Melusky
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 149 or the maximum capacity permitted by the Certificate of Occupancy for the site.

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 January 9, 2012 until July 9, 2012, unless sooner revoked for non-compliance with applicable laws and regulations.

No: **132814**

Robert E. Robinson

ISSUING OFFICER

Robert C. Meyer

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 132813
INSPECTION DATES (Include all dates of the inspection) 06/13/2011	REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Chevon Mitchell, 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>Kathleen Fiske</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>
		DATE 120611

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
60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	<p>On 6/13/11, there were 99 residents residing in the home. Of these residents, 24 reside in the home's secured dementia care unit and 75 reside in the home's assisted living unit.</p> <p>Of the residents that reside in the assisted living section of the home, the following applies:</p> <ul style="list-style-type: none"> • 11 residents require 1:1 physical assistance with transferring to/from their beds or chairs. • 3 residents require 2:1 physical assistance with transferring to/from their beds or chairs. • 2 residents require 2-3:1 physical assistance with transferring to/from their beds or chairs. <p>Of the residents that reside in the secured unit of the home, the following applies:</p> <ul style="list-style-type: none"> • 5 residents require 1:1 physical assistance with transferring to/from their beds or chairs. <p>There are a total of 54 residents residing in the home that cannot evacuate from the home without total physical or oral assistance to evacuate the home in an emergency.</p> <p>Of the residents that reside in the assisted living</p>	9/27/11	<p>Staffing has been adjusted to reflect needs of residents and current census. Staffing is reviewed on a daily basis to ensure proper staffing.</p> <p>A two week staffing report was given to supervisors on 9/25/11.</p> <p>Continue page 3 <i>Kathleen Fiske</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>06/11</p> <p><i>[Signature]</i></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 132813	
INSPECTION DATES (Include all dates of the inspection) 06/13/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Chevon Mitchell, 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>Kathleen Fisher</i>	DATE <i>12/6/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>120611</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
	<p>section of the home, the following applies:</p> <ul style="list-style-type: none"> • 41 residents that require 1 staff person to assist for bathing two times per week. • 26 residents that require 1 staff person to assist with dressing/undressing. • 19 residents that require 2 hour checks due to incontinence of bowel and/or bladder. • 2 residents that require full physical assistance for toileting • 45 residents that require medication administration multiple times daily. • 5 residents that receive hospice services for comfort care. • 9 residents that require monitoring of their oxygen use. <p>Of the residents that reside in the secured unit of the home, the following applies:</p> <ul style="list-style-type: none"> • 19 residents that require 1 staff person to assist for bathing two times per week. • 1 resident that requires 2 staff persons to assist for bathing two times per week. • 18 residents that require 1 staff person to assist with dressing/undressing. • 1 resident that requires 2 staff persons to 	<p><i>12/6/11</i> <i>Ongoing</i></p>	<p><i>Staff schedules are reviewed By Resident Care Director or Designee Daily; to assure that mobility needs of Residents are met according to PA Regulations. A minimum of 7 Direct Care Staff Associates are in the building at all times to comply with fire Safety Regulations.</i></p>	<p><i>Cont. from previous page.</i></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 132813	
INSPECTION DATES (Include all dates of the inspection) 06/13/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Chevon Mitchell, 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>Kathleen Rose</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. S. K. S. Y. K.</i>	DATE 120611

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>assist with dressing/undressing.</p> <ul style="list-style-type: none"> • 19 residents that require 2 hour checks due to incontinence of bowel and/or bladder. • 2 residents that require stand-by assistance from staff for toileting. • 20 residents that require medication administration multiple times daily. • 9 residents that receive hospice services for comfort care. • 1 resident that requires monitoring of their oxygen use. <p>On 6/13/11 from 11:00 pm until 6:15 am, there was 5 staff members present in the home. From 6:15 am until 7:00 am there was 4 staff members present in the home. On 6/14/11 from 11:00 pm until 7:00 am, there was 7 staff members present in the home. On 6/17/11 from 7:00 am until 3:00 pm there were 8 direct care staff members providing care to the residents. On 6/17/11 from 11:00 pm until 7:00 am there was 5 staff members present in the home. The amount of staff persons available during these time periods is insufficient to meet the needs of all residents based upon the assistance they require.</p>		<i>Continue from previous page</i>	<i>Cont. from previous page.</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 132813	
INSPECTION DATES (Include all dates of the inspection) 06/13/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Chevon Mitchell, 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>Kathie Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mroczek</i>	DATE 120611

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
	Based on the home's fire safety letter dated 4/19/11, the home has seven fire safe areas. On 5/3/11 from 11:00 pm until 7:00 am, there was 4 staff members present in the home. On 5/6/11 from 11:00 pm until 7:00 am, there was 5 staff present in the home. On 6/13/11 from 11:00 pm until 6:15 am, there was 5 staff members present in the home. From 6:15 am until 7:00 am, there was 4 staff members present in the home. On 6/17/11 from 11:00 pm until 7:00 am, there was 5 staff members present in the home. During these dates and times there was not a sufficient amount of staff members present in the home to supervise residents in each fire safe area.		<i>Continue from previous page</i> <i>Kathie Fisher</i> <i>12/6/11</i>	<i>Cont. from previous page -</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 132813	
INSPECTION DATES (Include all dates of the inspection) 06/13/2011		REGIONAL REPRESENTATIVE Christine McHale, Patricia Adams, Chevon Mitchell, 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>Kathleen Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 120611

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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>The home's daily assignment sheets state that resident #1 requires 2 hour checks and to be toileted every 2 hours. In addition, the assignment sheet states that the resident needs to be showered twice weekly. The resident's assessment dated 10/17/10 states that the resident requires full physical assistance with toileting (bowel and bladder), bathing, and dressing/undressing. The resident's support plan dated 10/17/10 states for showering and ADL's "prompt resident to get ADL's complete - daily." The support plan does not address the resident's specific toileting needs, bathing needs, and dressing needs.</p> <p>Resident #1's assessment dated 10/17/10 states that the resident has "special skin care precautions." This information is not addressed on the resident's support plan dated 10/17/10. On 5/25/11 the resident was taken to the hospital and treated for pressure ulcers.</p> <p>* To prevent this violation from happening in the future a weekly level of care meeting is held with Resident Care Director, Present as well as Compliance Nurse/Assistant Resident Care Director. Any changes in Resident Condition are Reported Also Daily morning meeting is held with a Review of 24 hour Report to Review Assessment & Support Plans to assure all Pertinent information is Documented on the Forms. Kathleen Fisher To Be implemented By 12/11/11</p>	<p>9/30/11</p> <p>12/11/11</p>	<p>Resident #1 did not return to the community. All resident assessments and support plans are reviewed by Resident Care Director to ensure proper documentation.</p> <p>future a weekly level of care meeting is held with Resident Care Director, Present as well as Compliance Nurse/Assistant Resident Care Director. Any changes in Resident Condition are Reported Also Daily morning meeting is held with a Review of 24 hour Report to Review Assessment & Support Plans to assure all Pertinent information is Documented on the Forms. Kathleen Fisher To Be implemented By 12/11/11</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable.</p> <p style="text-align: center;">Date: 12/6/11 Initials (DPW): <i>KW</i></p>

12/13/11

12/6/11

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 132813	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011, 9/28/11, and 10/11/11		REGIONAL REPRESENTATIVE Christine McHale, Cindy Yellenic, 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 BURLAND EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Bill Burland</i> <i>Karen Fish</i>	DATE <i>11/10/11</i> <i>12/6/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>120611</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	<p>- On 10/11/11, at approximately 11:00 am, 15 boxes of archived resident records, including medication administration records, were unlocked and accessible in the second and third floor "housekeeping" storage room.</p> <p>- On 10/11/11, at approximately 11:30 am, a binder containing resident weights and vitals and a binder containing monthly assignments detailing residents' care needs, were unlocked and accessible on the book shelves off of the dining room in the home's secured dementia care unit.</p> <p>Repeated Violations: 02/14/2011 03/16/2011</p>	<p><i>10/12/11</i></p> <p><i>10/11/11</i></p> <p><i>12/11/11</i></p>	<p><i>See Attached</i></p> <p><i>See attached updates</i> <i>Karen Fish 12/6/11</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>12/06/11</i> <i>AW</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 132813	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Christine McHale, Cindy Yellenic, 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>Kathleen Fiske</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 12 06 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.			<i>Continue from previous page</i>	

Disclaimer: This Plan of Correction is submitted in response to requirements of the Commonwealth of Pennsylvania for the purpose of Licensing requirements. Evidence of corrective action should not be construed to be, and do not constitute, an admission of wrongdoing for purposes of civil litigation.

Regulation Number: 17

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events.

The book of resident information was left in an unsecured area and the medical records of the home were not secured. In the second violation medical records room was not locked.

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.

The medical records rooms have been secured with keyed locks. *In addition new locks have been ordered that automatically lock to be installed by 12/11/11*
Kathy Fisher 12/10/11

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

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

New Automatic Locks ordered.
We will purchase a cabinet to store Resident weights vitals and assignment Binders, this cabinet will be kept locked at all times. *Kathy Fisher 12/10/11*

Who will be responsible for monitoring and compliance?

Cabinet will be checked 3 times per day by Nurse or Med Tech. *Kathy Fisher 12/10/11*

The Resident Care Director and Executive Director will monitor for compliance. In their absence the responsibility will be that of the LPN supervisor or Manager on Duty.

All Caregivers and Med Techs will be in-serviced on this on 12/11/11 *Kathy Fisher 12/10/11*

The violation was corrected the day of violation on 10/11/11 and the locks were installed on 10/12/11.

Steps have been taken to correct violation; full compliance is not verifiable
12/06/11 *nm*
Date Initials (DPW)

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 132813	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Christine McHale, Cindy Yellenic, 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>Kathleen Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 120611

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for resident #1 and #2 were not signed by the resident.	9/27/11 12/11/11	See attached See attached updates <i>Kathy Fisher 12/6/11</i>	Steps have been taken to correct violation; full compliance is not verifiable Date: 12/6/11 Initials (DPW): <i>AW</i>

Regulation number 25B

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. POA's and not the residents signed the documents.

What was done to immediately correct the violation? Signatures were obtained at the time of violation.

What will be done to ensure the violation does not reoccur? Marketing and Business Office will check for compliance before the file is deemed complete

* Executive Director Reviews all contracts for compliance before they are filed. An audit will be completed for all current contracts to assure compliance with this Regulation. Kathy Fisher 12/6/11

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

Audit will be completed by 12/11/11 Kathy Fisher 12/6/11

See attached

Steps have been taken to
correct violation; full
compliance is not verifiable
12/06/11 MM
Date Initials (DPW)

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 132813	
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SIGNATURE OF LEGAL ENTITY <i>Kathy Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 120611

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
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection: (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.	9/27/11 12/11/11	See attached See attached updates <i>Kathy Fisher</i> 12/6/11	<div style="text-align: right;"> Steps have been taken to correct violation; full compliance is not verifiable Date: <i>12/6/11</i> Initials (DPW): <i>KF</i> </div>

Regulation number 41E

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. POA's and not the residents signed the documents.

What was done to immediately correct the violation? Signatures were obtained at the time of violation.

What will be done to ensure the violation does not reoccur? All residents will sign all documents unless a Court appointed document is in place. Business Office /

~~Executive Director~~ will attend contract signings to ensure compliance. Marketing Director and Business office Manager will review contracts to assure all signatures are obtained. Executive Director will make final review of contracts prior to being filed. Kathy Fish 12/6/11

Who will be responsible for monitoring and compliance? Executive Director / Marketing Director-designee.

To assure ongoing compliance a contract audit will be completed to assure all signatures are in place. Kathy Fish 12/6/11

Audit to be completed by 12/11/11 Kathy Fish 12/6/11

See attached

A new Contract was created 12/1/11 which includes Resident Rights and the Right to Refuse medication. This is now a Signed Document ~~and~~ an addendum is no longer needed. This New Contract will be used for all New admissions.

Kathy Fish 12/6/11

Steps have been taken to
correct violation; full
compliance is not verifiable
12-06-11 MF
Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Kathy Fiske</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 12-6-11

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
60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	The home has 7 internal fire safety areas. During evacuations and fire drills there must be a total of 7 staff in the home at all times to allow one staff member to be in each fire safe area to account for residents. On 9/19/11 from 11:00 pm to 7:00 am there were only 6 staff present in the home. On 9/24/11 from 11:00 pm to 7:00 am there were only 5 staff present in the home.	Corrected at time violation discovered 12/6/11	See Attached See Attached updates. <i>Kathy Fiske</i>	<i>MM</i> 12-6-11

Regulation number__60a

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Staff were scheduled call outs were not replaced.

What was done to immediately correct the violation? Corrected at the time violation was discovered.

What will be done to ensure the violation does not reoccur? Currently we are staffing to the regulation staff 7 direct care certified staff members on 11pm to 7am shift. In the event of a call out a staff member from 3pm to 11pm shift staff member will have to stay until a replacement arrives. On-call nurse will be

notified to begin process to replace.
Staff schedules are monitored Daily by Resident Care Director to assure ongoing compliance. All Direct Care Associates are also required to only call Resident Care Director or Designee for call outs. *Plachote relol*

Who will be responsible for monitoring and compliance? Resident Care Director / or designee will be responsible for the monitoring and compliance, On-duty nurse will notify Resident Care Director / designee that staffing is per state requirements.

M. Mo Skalczyk 12.06.11

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 132813	
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SIGNATURE OF LEGAL ENTITY <i>Kathy Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczuk</i>	DATE 120611

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	<ul style="list-style-type: none"> - The bed in resident room #237 does not have a source of light that can be turned on/off from bedside. - The bedside lighting in resident room #101 is too far from the bed to be accessed while in bed. - The bedside lighting in resident room #313 is too far from the bed to be accessed while in bed. 	<p align="center">10/12/11</p> <p align="center">12/6/11</p>	<p align="center">See Attached</p> <p align="center">See attached updates <i>Kathy Fisher 12/6/11</i></p>	<p>MM</p> <p>120611</p>

Regulation number ___101J7

What was done to immediately correct the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events.

Maintenance Director and associate immediately placed lamp and bedside table in the room.

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

Weekly checks by housekeeping of resident apartments to insure bedside lamps and tables are in place and in working order.

Who will be responsible for monitoring and compliance? Maintenance Director, Housekeepers and associates will be responsible for compliance. Verification will be through the housekeeping assignment sheets. ~~In addition Executive Director / designee will spot check for compliance while resident is in bed on a weekly basis.~~
A check off sheet will be implemented for Housekeeping Staff to check each apartment weekly for lamp at Bed Side. Kathy Fyke 12/10/11

M. Mognalozzi 120611

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
142d The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.	On 7/21/11, resident #6's physician recommended a cardiology evaluation for the resident. The home did not arrange for or assist the resident to obtain this treatment. On 9/9/11, the home contacted the resident's family to arrange the appointment for the resident.	9/9/11 12/11/11	See Attached See attached updates <i>Kathy Fisher</i> 12/6/11	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 12/06/11 Initials (DPW): <i>MVA</i></p>

Regulation number __142d

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Family was not contacted in a timely fashion.

What was done to immediately correct the violation? Violation was corrected at time violation was noted. Resident was seen by Cardiologist.

What will be done to ensure the violation does not reoccur? Going forward physician's orders will be processed in a timely fashion. 24 hour chart checks will

be completed on the 11pm - 7am shift. For the month of October and ^{for 12/16/11} November the 24 hour chart checks were completed daily, to assure ongoing compliance the 24 hour chart checks will be completed weekly by 11PM-7AM Nursing Supervisors. Spot checks to assure on-going compliance

Who will be responsible for monitoring and compliance? Resident Care Director / or designee will complete chart spot checks for compliance.

See attached

Will also be completed by Resident Care Director or Assistant Resident Care Director. An audit tool will be created by 12/11/11 for spot checks.

Kathy Fiske 12/10/11

Steps have been taken to correct violation; full compliance is not verifiable
12/06/11 MM
Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Kathleen Fish</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 1206 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
181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	Resident #6's medical evaluation dated 6/28/11 states that the resident can self-administer medications with assistance to store medications in a secure place. The resident is currently self-administering medications with no assistance from staff to store the medications.	Corrected At time of violation 12/11/11	See Attached See attached updates Kathy Fish 12/6/11	Steps have been taken to correct violation; full compliance is not verifiable. Date: 12/6/11 Initials (DPW): <i>MM</i>

Regulation Number 181c

What was the root cause of the violation?

In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Incorrect box was checked on the medical evaluation.

What was done to immediately correct the violation?

Corrected at time violation was noted. Physician was in the building at time violation was noted and immediately corrected error on medical evaluation.

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

Physicians will be notified of upcoming medical evaluations. An audit will be completed for all Residents who self administer medications to assure Medical Evaluations are correct, ~~an~~ Audit will be completed by 12/11/11 ongoing monthly self assessments will be completed. Who will be responsible for monitoring and compliance? By Resident Care Director OR Designee

Assistant Resident Care Director or designee will monitor medical evaluation tracker for upcoming medical evaluations. Resident Care Director or designee will ensure that medical evaluations are done in a timely fashion by monitoring the tracker.

Kelly Fisher 12/6/11

Steps have been taken to correct violation; full compliance is not verifiable

See attached

12-06-11 AM
Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Kathy Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 120611

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.	<p>On 10/11/11 at 10:30 am, a bottle of Miralax, a bottle of Kaopectate extra, a bottle of tums, a bottle of stool softener, and a bottle of super colon cleanse were found unlocked and accessible on the kitchen counter of Resident #4's room. A bottle of fiber capsules, a bottle of debrox, a bottle of gas-x, and a tube of prescription athlete's foot cream were found unlocked and accessible on the shelves in the bathroom of resident #4's room. Resident #4 has been assessed by a physician and is not able to safely self-administer medications.</p> <p>- A package of Ipratropium Bromide solution was found unlocked and accessible on a table in the living room of resident #5's room. Resident #5 has been assessed by a physician and is not able to safely self-administer medications.</p> <p>Repeated Violations: 01/06/2011</p>	<p>Corrected At time of Violation</p> <p>12/11/11</p>	<p>See Attached</p> <p>See attached updates, <i>Kathy Fisher</i> 12/6/11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>120611</u> Initials (DPW) <u>MM</u></p>

Regulation number __183b

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Over the counter medications found in resident room who was assessed by a physician and is not able to safely self-administer.

What was done to immediately correct the violation? Medications were removed at time violation was noted.

What will be done to ensure the violation does not reoccur? Staff was in-serviced on reporting over the counter medications in resident rooms. Med Techs will check the Rooms Daily on 7-3 shift, this will be tracked on M.A.R.
Kathy Foster 12/6/11

Who will be responsible for monitoring and compliance? Resident Care Director/
or designee will spot check rooms for compliance. ~~or Executive Director.~~
Monthly as part of Quality Improvement all managers will be assigned a Block of Rooms to check for compliance with this Regulation. An audit tool will be in place See attached by 12/11/11.
Kathy Foster 12/6/11

Steps have been taken to
correct violation; full
compliance is not verifiable
12/06/11 MM
Date Initials (DPW)

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 132813	
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SIGNATURE OF LEGAL ENTITY <i>K. White Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalyk</i>	DATE 12 06 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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	On 10/11/11, there were 13 individual dose packets of refresh eye drops that were wrapped in a paper towel that was labeled "eye drops [resident #7]" in the home's medication cart.	Corrected At time of violation 12/6/11	See Attached See attached updates. <i>K. White Fisher 12/6/11</i>	MM 12-6-11

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SIGNATURE OF LEGAL ENTITY <i>Kathleen Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Morszczynski</i>	DATE 120611

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,	On 10/11/11, a bottle of Ciprodex ear drops and Refresh Eye Drops labeled for resident #7 were found in the home's medication cart. These medications were discontinued and were not destroyed by the home. Repeated Violations: 01/06/2011 02/14/2011 03/16/2011	Corrected At time of violation 12/6/11	See attached See attached updates 12/6/11 Kathleen Fisher	MM 120611

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132813	
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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
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.			<i>Cont. from previous page.</i>	

Regulation number __183f1

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. D/c medication was not removed from cart in timely fashion.

What was done to immediately correct the violation? Medications were removed at time violation was noted.

What will be done to ensure the violation does not reoccur? Audit of medication carts 3 times of week for compliance. Audits are completed by Nursing Supervisor, Med Carts techs, Resident Care Director, or designees. If expired medications are found on cart they will be destroyed per Environmental Protection Agency Regulations and Company Policy. Kelly Fisher 12/6/11

Who will be responsible for monitoring and compliance? Assistant Resident Care Director / or designee will review medication carts 3 times a week for compliance.

See attached M. Moskalczyk 12.06.11

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

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SIGNATURE OF LEGAL ENTITY <i>Katherine Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Morsakalczyk</i>	DATE 12/6/11

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.	The label for resident #8's Calcium with Vitamin D does not include the resident's name.	Corrected At time of violation 12/6/11	See Attached See attached updates Kathy Fisher 12/6/11	MM 12/06/11

Regulation number_184b

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Resident name was not on over the counter medication.

What was done to immediately correct the violation? Medication was properly labeled please attached.

What will be done to ensure the violation does not reoccur? The Assistant Resident Care Director / designee will check all carts 3 times a week for compliance. IF medication is found without a label, a label with name & room number will be placed on medication. *John Roth 12/1/11*

Who will be responsible for monitoring and compliance? Assistant Resident Care Director / designee. Carts will be audited 3 times per week. Audits are reviewed with Resident Care Director the Day the audits are done. *Andy Fisher 12/1/11*

See attached

M. Moskalczyk 12/1/11

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 132813	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Christine McHale, Cindy Yellenic, 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>Kathy Felm</i>	DATE 12/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkolczyk</i>	DATE 120611

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
	Repeated Violations: 01/06/2011 02/14/2011 03/16/2011		<i>Cont. from previous page</i>	

Regulation Number 185a

What was the root cause of the violation?

In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Staff did not follow protocol for double checking medications.

What was done to immediately correct the violation?

Resident #9's medication was discontinued. Resident #10's medications were discontinued when community was provided an updated medication list from the VA. Resident #11's medication was placed in medication cart, see attached. Employees B & C were suspended immediately. An investigation was completed, employee B was terminated on 8/31/11. Employee C was terminated on 9/11/11 for failure to follow proper procedures for destruction of narcotics. An In-service was conducted on proper destruction of narcotics and on who can perform the destruction on 8/23 /11.

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 when refills are needed. On 24-hr chart check overnight nurse will recheck for said compliance.~~

supervisor * Policy will be created that med Techs are required to inform nursing supervisor when a medication is not available. Immediately upon notification nursing supervisor is to call pharmacy to determine time of delivery, nursing supervisor will then call physician. Kathy Etko 12/6/11

Who will be responsible for monitoring and compliance?

Resident Care Director or Designee will ensure compliance by conducting medication cart audits 3 times per week.

Violations were corrected on above dates.

Steps have been taken to correct violation; full compliance is not verifiable
120611 Mm
Date Initials (DPN)

See Attached audit form

Policy will be revised to indicate two Licensed Staff will be present when destroying medications. Kathy Etko 12/6/11

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

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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>Kathleen Pisha</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 120611

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
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	<ul style="list-style-type: none"> - Resident #18 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. - Resident #20 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. 	<p style="font-size: 2em; margin: 0;">9/28/11</p> <p style="font-size: 2em; margin: 10px 0 0 0;">12/11/11</p>	<p style="font-size: 2em; margin: 0;">See Attached</p> <p style="margin: 10px 0 0 0;">See attached updates <i>Kathleen Pisha</i> 12/6/11</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; margin: 0;">Date 12/6/11 Initials (DPW) <i>MMA</i></p>

Regulation Number 191

What was the root cause of the violation?

In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Resident #18 and #20 are the same person. POA signed, resident did not sign therefore, was not educated.

What was done to immediately correct the violation?

Right to refuse medications were reviewed with resident and signature obtained. See attached.

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

All residents will be educated on their right to refuse medications upon admission. *New Contract in place - Regulation 191 added to new Contract. Audit to be completed to assure every has signed they are aware of their right to refuse medication 12/6/11*
Audit to be completed by 12/1/11

Who will be responsible for monitoring and compliance?

The Sales and Marketing and Business Office will be responsible for compliance and that the resident will be educated upon signing. ~~An admission checklist will~~

~~be utilized to ensure all necessary documents are reviewed and completed.~~
Executive Director will review all contracts prior to being filed

Kathy Fisher
12/6/11

Violation was corrected on 9/28/11, see attached.

Steps have been taken to correct violation; full compliance is not verifiable
12-06-11
Date Initials (DPW)

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 I32813	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Christine McHale, Cindy Yellenic, 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>Kathy Fish</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Miskodczyk</i>	DATE 120611

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 a diagnosis for Tylenol with Codeine. - The medication administration record for resident #3 does not include a diagnosis for Spiriva. - Resident #13 has an order for Lactulose 10 gm./15 mL daily at 5 pm. This medication is present in the home but is not listed on the resident's medication administration record. - Resident #14 has an order for Citalopram HBR 40 mg once daily. This medication is present in the home but is not listed on the resident's medication administration record. - Resident #15 has an order for Loratadine 10 mg once daily. This medication is present in the home but is not listed on the resident's medication administration record. <p>Repeated Violations: 01/06/2011 02/14/2011 03/16/2011</p>	<p>10/12/11</p> <p>10/12/11</p> <p>10/12/11</p> <p>10/12/11</p> <p>10/12/11</p> <p>12/6/11</p>	<p><i>Kathy Fish See attached updates. 12/6/11</i></p>	<p><i>MM 120611</i></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 132813	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Christine McHale, Cindy Yellenic, 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>Kathy Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 12 6 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.			<i>Cont. from previous page</i>	

Regulation Number 187a

What was the root cause of the violation?

In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. The MAR's did not include the diagnosis for each medication including PRN medications.

What was done to immediately correct the violation?

Diagnosis was added to both resident # 2 and # 3. Resident #13's had been prescribed Enulose; the generic equivalent of the medication was available, the MAR was updated and the medication administered as ordered. See attached.

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

Medication carts and MAR's will be audited 3 times a week by ADON or designee, ^{or} Resident Care Director. Spot checks will be completed weekly to assure on-going compliance. Kelly Fisher 12/6/11

Who will be responsible for monitoring and compliance? Resident Care Director, Assistant Resident Care Director or designee. Medication carts will be audited 3 times a week.

Corrected by dates listed above.

See attached audit form

M. Mostakazyk
12 06 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 132813	
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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Kathy Fisher</i>	12/4/11		

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 was not initialed for Lasix 20 mg on 10/8/11 and 10/9/11 at 9:00 am. - Resident #16's medication administration record has two separate listings for Aspirin 81 mg. On 10/10/11 and 10/11/11 this medication was initialed twice by staff even though it was only administered once. - Resident #17's medication administration record was not initialed for Aricept 20 mg on 10/10/11 at 9:00 pm. <p>Repeated Violations: 02/14/2011 03/16/2011</p>	<p>Corrected At time of violation</p> <p>12/11/11</p>	<p>See Attached</p> <p>See attached updates Kathy Fisher 12/16/11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/16/11 M/W Initials (DPW)</p>

Regulation number_187b

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. The Mars did not include the initials of the individuals who dispensed the medication.

What was done to immediately correct the violation? Corrected at time of violation was noted.

What will be done to ensure the violation does not reoccur? ~~This will be verified on the MAR review 3 times a week by Assistant Resident Care Director.~~
MARS will be reviewed at the end of shift by either Nursing Supervisor or med tech. Sign off sheet will be in place to assure on going compliance. All supervisors and med techs will be responsible for monitoring and compliance? Resident Care Director / Assistant Resident Care Director / designee.

Inserted and new sheet in place by 12/11/11.
Kathy Fisher 12/10/11

See Attached

Steps have been taken to correct violation; full compliance is not verifiable
12/11/11
Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Kathy Fisher</i>	DATE 12/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 120611

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 refusals to take a prescribed medication shall be reported as required by the prescriber.	<p>- On 8/16/11 at 9:00 am, Resident #3 refused to take a scheduled dose of Calcitron-Salmon 200 Dose Spray. The home did not report the refusal to the resident's doctor as required.</p> <p>- On 8/15/11 at 6:00 am, Resident #18 refused to take a scheduled dose of Protonix 40 mg. The home did not report the refusal to the resident's doctor as required.</p> <p>Repeated Violations: 02/14/2011 03/16/2011</p>	<p>10/26/11</p> <p>12/11/11</p>	<p>See attached</p> <p>See attached updates <i>Kathy Fisher</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date: 12/06/11 Initials: MWF DPW:</p>

Regulation Number 187c

What was the root cause of the violation?

In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Individuals did not follow the prescriber orders as to the accuracy of the medication or did not administer the medication. Resident refused medication and physician was not notified of refusal.

What was done to immediately correct the violation?

Physician was notified of refused medication at the time the violation was discovered.

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

Staff were educated on procedure to follow when medication is refused on 10/26/2011. MAR's will be audited 3 times week to ensure compliance.
All Med techs and nursing Supervisors will be re-instructed
On procedure by 12/1/11 Kathy Pru 12/1/11

Who will be responsible for monitoring and compliance?

Resident Care Director, Assistant Resident Care Director and/or designee.

See attached

Steps have been taken to
correct violation; full
compliance is not verifiable
12-06-11 DPW
Date Initials (DPW)

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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>K. Miller Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Noskalczyk</i>	DATE 1206 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 #1's physician ordered Claritin 10 mg daily on 10/6/11. On 10/11/11, this medication was not available in the home. - Resident #10 is prescribed Avodart 0.5mg. On 10/11/11, this medication was not available in the home. - Resident #17 is prescribed chewable Aspirin 81 mg. The home has been administering safety coated Aspirin 81 mg. - Resident #19's medications are packaged by date and time of administration. On 10/11/11 at 2:30 pm, packages of the resident's medications from 10/9/11 and 10/10/11 at 5 pm (Carvedilol 12.5 mg and Simvastatin 10 mg), and a package from 10/9/11 at 9:00 pm (Simvastatin 20 mg and Donepezil 10 mg) were found in the home's medication cart. <p style="margin-top: 20px;">Repeated Violations: 01/06/2011 03/16/2011</p>	<p>10/12/11</p> <p>10/19/11</p> <p>10/12/11</p> <p>10/12/11</p> <p>12/6/11</p>	<p style="font-size: 2em; text-align: center;">See Attached</p> <p style="margin-top: 20px;">See attached updates <i>Kathy Fisher</i> 12/6/11</p>	<p>MM 1206 11</p>

Regulation Number 187d

What was the root cause of the violation?

In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Individuals did not follow the prescriber orders as to the accuracy of the medication.

What was done to immediately correct the violation?

The medications were obtained and administered according to physicians orders; physicians were notified of missed doses.

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

24 hour chart checks will be conducted. MAR and medication cart audits will be conducted 3 times/week. All staff were educated on proper medication administration protocols. Spot checks will be completed weekly by

Resident Care Director or Designee to assure on going compliance. Physician needs to be notified immediately of Refusal of medication and Documentation that Physician was ~~not~~ contacted and informed of Refusal

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

Kath
PBM
12/6/11

The violations were corrected on 10/12 and 10/19. See page 21 of violation report.

M. Moskalyk
120611

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132813	
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SIGNATURE OF LEGAL ENTITY <i>Kathy Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. no knockstead</i>	DATE 12.06.11

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<ul style="list-style-type: none"> - The pre-admission screening form for resident #3, admitted 1/3/11, does not include a determination that the home can meet the service needs of the resident. - The pre-admission screening form for resident #6, admitted 7/12/11, does not include a determination that the home can meet the service needs of the resident. - The pre-admission screening form for resident #9, admitted 5/6/10, does not include a determination that the home can meet the service needs of the resident. - The pre-admission screening form for resident #12, admitted 2/27/10, does not include a determination that the home can meet the service needs of the resident. 	<p>9/28/11</p> <p>12/11/11</p>	<p>See Attached</p> <p>See attached updates Kathy Fisher 12/6/11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/6/11</p> <p>Initials (DPW)</p>

Regulation number_224a

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Box on the Pre-admission screening was not checked that home can meet the service needs of the resident.

What was done to immediately correct the violation? Boxes were checked, dated and initialed at the request of DPW.

What will be done to ensure the violation does not reoccur? Admission forms will be reviewed by Admission Team ^{either} consisting of Executive Director, Resident Care Director, Assistant Resident Care Director and Memory Care Program Director. An audit will be completed by 12/11/11 to review all Pre-Admission Screenings of current Residents. *Daryl Fisher 12/10/11*

Who will be responsible for monitoring and compliance? Admission Team: Executive Director / Resident Care Director / Assistant Resident Care Director / Memory Care Program Director / designee.

an

See attached

Steps have been taken to correct violation; full compliance is not verifiable
12/06/11 mas
Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Kristen Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 120611

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.	<ul style="list-style-type: none"> - Resident #1 is diagnosed with Lower Extremity Edema. This information is not addressed on the resident's assessment dated 6/22/11. - Resident #21 has a low cholesterol, no ETOH diet. This information is not addressed on the resident's assessment dated 9/9/11. - Resident #22 has a no salt added diet. This information is not addressed on the resident's assessment dated 9/12/11. - Resident #27 requires a no added salt, chopped meats, thin liquids diet. This information is not addressed on the resident's assessment dated 3/1/11. 	<p style="font-size: 1.2em;"><i>Corrected At time of Violation</i></p> <p style="font-size: 1.2em;">12/11/11</p>	<p style="font-size: 2em; text-align: center;"><i>See Attached</i></p> <p style="font-size: 1.2em;"><i>See Attached updates Kristen Fisher 12/6/11</i></p>	<p style="font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em;">Date <i>12/6/11</i> Initials (DPW) <i>MMW</i></p>

Regulation number_225a

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. The resident needs were not addressed on the assessment .

What was done to immediately correct the violation? The information was added to the state forms.

What will be done to ensure the violation does not reoccur ? All assessments will be reviewed by RCD/ ~~ADON~~ designee for compliance
Asst Resident Care Director

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

Monthly audit will be completed as part of Quality Improvement Audit will Review Assessments, Support Plans, Med Evals/DmE's to assure all information is carried over on all forms. Audit to be completed by Resident Care Director or Designee
The violation were corrected at the time violation was noted on 9/28/11

Completed by Resident Care Director or Designee

*Kath Fish
12/6/11*

Audit to be completed by 12/11/11

Steps have been taken to correct violation; full compliance is not verifiable
12/06/11 mm
Date Initials (DPW)

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Kathleen Fiske</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. mostialczyk</i>	DATE 120611

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	<ul style="list-style-type: none"> - Resident #3 is diagnosed with spinal stenosis, peripheral neuropathy, DJD, CHF, and Bipolar Disorder. In addition, the resident is currently receiving Physical Therapy/Occupational Therapy, wound care, diabetes care, has a history of falls, requires oxygen monitoring, and has a special diet of no concentrated sweets. This information is not addressed on the resident's assessment dated 1/7/11. - Resident #11 had a fall on 6/10/11. The resident's assessment dated 7/29/11 states "none noted" for falls. In addition, the resident's diagnosis of non-hodgkins lymphoma is not listed on the resident's assessment. - Resident #23 has special skin care precautions. This information is not addressed in the resident's assessment dated 7/18/11. - Resident #24 requires physical assistance with personal hygiene and has an order for a mechanical soft diet. This information is not addressed in the resident's assessment dated 7/14/11. 	<p style="font-size: 2em; text-align: center;">Corrected At time of violation</p> <p style="font-size: 1.5em; text-align: center;">12/11/11</p>	<p style="font-size: 2em; text-align: center;">See Attached</p> <p style="font-size: 1.2em; text-align: center;">See attached updates Kathy Fiske 12/6/11</p>	<p style="text-align: center; font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable.</p> <p style="text-align: center; font-size: 0.8em;">Date: <u>12/6/11</u> Initials (DPW): <u>MM</u></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 132813	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Christine McHale, Cindy Yellenic, 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>Kathy Fisher</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 120611

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
	- Resident #26 is diagnosed with chronic lumbar pain and sciatica. This information is not addressed on the resident's assessment dated 11/16/10.		<i>Cont. from previous page.</i>	

Regulation number_225c

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Assessments were not done in accordance with the regulation and were missing information

What was done to immediately correct the violation? Information that was missing was added to the state forms.

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

The violation were corrected at time of violation

A monthly audit will be part of Quality Improvement. The audit will review Assessments, Support Plans and Med Orders. To assure all information is correct and carried over on all forms. Audit to be completed by 12/11/11

Kelly Fisher 12/10/11

Steps have been taken to correct violation; full compliance is not verifiable
12/06/11 mm
Date Initials (DPW)

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 132813	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Christine McHale, Cindy Yellenic, 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>Kathleen Fiske</i>	DATE 12/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 120611

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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<ul style="list-style-type: none"> - Resident #12's assessment dated 8/12/11 states that the resident requires incontinence care. The support plan dated 8/12/11 does not address how the home will assist the resident in meeting these needs. - Resident #25's assessment dated 4/29/11 states that the resident is diagnosed with Hypothyroidism, A-Fib, Restless Leg Syndrome, Mild SDAT, overactive bladder, and anxiety. In addition, the assessment indicates that the resident requires physical assistance with securing and managing health care, laundry, shopping, securing and using transportation, managing finances, using the telephone, making and keeping appointments, caring for personal possessions, and writing correspondence, and assistance with hearing aids. The resident's support plan dated 4/29/11 does not address these needs. - Resident #26's assessment dated 11/16/10 states that the resident has a fall history. This information is not addressed on the resident's support plan dated 11/16/10 - updated 6/30/11. 	<p style="font-size: 1.5em; margin: 0;"><i>Corrected</i></p> <p style="font-size: 1.5em; margin: 0;"><i>At time of violation</i></p> <p style="font-size: 1.5em; margin: 0;">12/11/11</p>	<p style="font-size: 2em; margin: 0; text-align: center;"><i>See Attached</i></p> <p style="font-size: 1.5em; margin: 0; text-align: center;"><i>See attached updates</i></p> <p style="font-size: 1.5em; margin: 0; text-align: center;"><i>Kathleen Fiske 12/6/11</i></p>	<p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em; margin: 0;">Date <u>12/6/11</u> Initials (DPW) <u>KMF</u></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 132813	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Christine McHale, Cindy Yellenic, 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>Adrienne Fisher</i>	DATE <i>12/6/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskulezyk</i>	DATE <i>120611</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
	- Resident #27's assessment dated 3/1/11 states that the resident has a fall history. This information is not addressed on the resident's support plan dated 3/1/11.			<i>Cont. from previous page.</i>

Regulation number_227D

What was the root cause of the violation? In an effort to increase the quality and quantity of our staff, numerous personnel changes have been made in the past year, increasing the need for additional training and in-service events. Support plans did address the resident needs and was not updated .

What was done to immediately correct the violation? Support plan was updated and information was missing was added .

What will be done to ensure the violation does not reoccur ? All support plans will be reviewed by RCD/ ADON 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 / ADON/ED/ designee.

The violation were corrected at time of violation

An audit will be completed by 12/11/11 to assure all assessments, care plans and med evals/ Drs have correct information which is carried over on all forms. On going monthly audits will be part of Quality Improvement. Resident Care Director or Designer will complete monthly audits.

Handwritten signature
12/6/11

Steps have been taken to correct violation; full compliance is not verifiable
12/6/11 *mm*
Date Initials (DPW)

Mr. David Barnes

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bc: Wilmarie Gonzalez, Department of Aging
Kevin Brumbach, Adult Residential Licensing
Applicable local agencies