

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to 5485 PERKIOMEN AVENUE OPERATIONS LLC

To operate BERKSHIRE COMMONS, GENESIS HEALTHCARE

Located at 5485 PERKIOMEN AVENUE, READING, PA 19606

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 75
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 29

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

and shall remain in effect from April 2, 2012 until April 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 221990

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



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

MAY 11 2012

Mr. Walter J. Kielar, Sr. Vice-President
5485 Perkiomen Avenue Operations LLC
Berkshire Commons, Genesis Healthcare
5485 Perkiomen Avenue
Reading, Pennsylvania 19606

Dear Mr. Kielar:

As a result of the Department of Public Welfare's licensing inspection on April 2, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. DESCRIPTION OF VIOLATION

A copy of the Personal Care Home 2600 regulations was not posted in a public and conspicuous location.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected at time of inspection
 The receptionist or designer will check daily to assure the regulations are in place in the designated area. All staff will be interviewed as to the location of the regulations and the issues involved in moving them from the designated location. Anyone needing a copy of the regulations should make a request to the receptionist and arrangements will be made to obtain a copy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lynn Pellicciotti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lynn Pellicciotti, ED</i>	Date <i>4/16/2012</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *4/27/12*
 (Date)

Verification of Legal Entity Representative Signature *4/27/12*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 65 Pa.Code §2600

2800.81 (b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2. DESCRIPTION OF VIOLATION


The grab assist bar utilized by resident #1 was not covered and therefore posed a potential hazard of the resident's limbs becoming entrapped or entangled in the assistive device.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

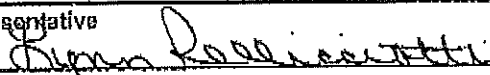
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected at time of inspection.

All grab bars will be checked for appropriate covering at time the bed is made. All staff will be instructed to assure any damage to or changes in the covering will be reported to ACO or designer for immediate correction.

* The administrator/designer will monitor for ongoing compliance.


Repeat Violation: No Date(s) of Previous Violation(s):


Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lynn Pellicciotti Date 4/16/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/27/12
 (Date)

Verification of Legal Entity Representative Signature 4/27/12
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2. DESCRIPTION OF VIOLATION

Single occupancy room #232 had a strong smell of urine.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary, Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents bathroom has been sanitized, trash removed each shift. Nursing + housekeeping staff will be checking room weekly for any odor of urine along with nursing removing trash each shift. This violation was corrected on 4/4/2012.

On-going all urine or other offensive odors will be reported to the nursing supervisor or housekeeping director to assure they are dealt with in a timely manner. Reports will be logged per facility practice when the odor has been removed. Staff will be serviced to report all offensive odors if they remain persistent after initial cause has been removed.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Lynn Pellicciotti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lynn Pellicciotti, ED* Date *4/16/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/27/12 (Date)

Verification of Legal Entity Representative Signature 4/27/12 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa. Code §2600

2600.96(e) - 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.

2. DESCRIPTION OF VIOLATION

The first aid kit that was presented to Department Representatives as the first aid kit the home utilizes in an emergency situation; did not include antiseptic.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 4/16/2012 - antiseptic wipes added to first aid kit, this main first aid kit will be checked monthly by nurse assigned to unit, RCO will monitor.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Lynn Pollicciotti*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lynn Pollicciotti, ED* Date *4/16/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/27/12
(Date)

The above plan of correction was approved by *M*
(Initials)

Verification of Legal Entity Representative Signature 4/27/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22189 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.10' (j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2. DESCRIPTION OF VIOLATION

- The following locations did not have a bedside table:
- The bed closest to the window in room #103
 - Single occupancy room #232
 - The bed closest to the window in room #208

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 4/4/2012 - each resident will have a bedside table + lamp - maintenance director will do monthly audits. Staff will be instructed to observe for and report any missing lamps or bedside tables. Maintenance will replace all missing items at time reported.

* The administrator/designee will monitor for ongoing compliance *mu*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Rita Bellicciotti

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lynn Bellicciotti, ED

Date 4/16/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/27/12
 (Date)

Verification of Legal Entity Representative Signature

4/27/12
 (Date)

The above plan of correction was approved by

mu
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa. Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2. DESCRIPTION OF VIOLATION

The following locations did not have a source of bedside lighting:

- The bed closest to the window in room #103
- Single occupancy room #232

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 4/4/2012 - each resident will have a bedside table + lamp. Maintenance director will do monthly audit. Staff will be instructed to observe and report any missing lamps or bedside tables. Maintenance will replace all missing items at time reported.

* The administrator/Designee will monitor for ongoing compliance.



Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ryan Bellisio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lynn Bellisio, ED</i>	Date <i>4/16/2012</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/27/12</u> (Date)	Verification of Legal Entity Representative Signature <u>4/27/12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2. DESCRIPTION OF VIOLATION

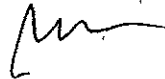
The home did not have written documentation from a fire safety expert granting an evacuation time exceeding 2 1/2 minutes based upon the physical construction of the building and the fire safety features of the home. The home's fire drill record indicates the home's monthly fire drills exceeded an evacuation time of 2 1/2 minutes on the following dates: 3/28/12, 2/3/12, 1/28/12, 12/10/11, 11/27/11, 10/21/11, 9/28/11, 8/18/11, 7/11/11, 6/27/11, 5/15/11, and 4/14/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)


Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected at time of inspection
 Letter from fire official obtained & given to inspectors. E.O. or designee will be responsible to see that times recorded on subsequent fire drills meet ~~or exceed~~ those times on the fire letter

The administrator will monitor and assure ongoing compliance.

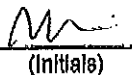


Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lynn Pellucio, EO	Date 4/16/2012
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/27/12</u> (Date)	Verification of Legal Entity Representative Signature <u>4/27/12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22198 - 04/02/2012 - Hummel, Jesse

1. REGULATION 56 Pa. Code §2600

2600.181(c) - A resident who desires to self-administer 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.

2. DESCRIPTION OF VIOLATION

Resident #2 self administers medications without any assistance from others, however based upon the physicians medical evaluation of resident #2 dated 10/10/11, the resident is not capable of self administering medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected at time of inspection
 On going all DME's will be checked by ACO or designee to assure that the ability to self-medicate agrees with the community evaluation.
 Residents will be, per policy, reassessed for the ability to self medicate every six (6) months or with change of physical or cognitive status

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lynn Pollicarotti*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lynn Pollicarotti, ED* Date *4/16/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/27/12
 (Date)

Verification of Legal Entity Representative Signature 4/27/12
 (Date)

The above plan of correction was approved by *mm*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 65 Pa.Code §2600

- 2600.182(b) - 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
 - (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 as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION

Staff person A completed the initial medication administration training on 7/29/10. Staff person A has not completed any subsequent medication administration training and is therefore not properly trained to administer medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Spoke to Jesse Hummel on 4/16/2012 - explained that person A is currently licensed LPN and her Train the Trainer course does not expire until 12/31/2013. She does not require any paper work. Jesse explained an error occurred and it should be staff person B. Person B has not administered medication in the past 6 months. Staff person B records will be removed from medication training log. Resident Care Director will do monthly audit log. Corrected Staff Person A on 4/16/2012 & staff person B
 * on 4/16/2012 * THE ADMINISTRATOR will Audit all staff MEDICATION TRAINING RECORDS by 5/25/12. DOCUMENTATION OF Audit will be MAINTAINED

Repeat Violation: No Date(s) of Previous Violation(s): by THE ADMINISTRATOR in the home.

Signature of Legal Entity Representative (Required on EVERY Page) Lynn Pellicciotti

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lynn Pellicciotti, ED Date 4/16/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/27/12 (Date)

Verification of Legal Entity Representative Signature 4/27/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 56 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2. DESCRIPTION OF VIOLATION

The following medications prescribed to resident #3 were located on the counter in room #103. The room was unlocked and the medications were not stored in a locked container allowing residents and other individuals access to the medications:

Losartan 50mg, "Rite Aid" brand Acetaminophen 500mg, "Wonder Laboratories" brand natural muscle relaxant, two bottles of Zolpidem ER 6.25mg, "Spring Valley" brand Vitamin C 500mg, two bottles of Zelle 10mg, "Bausch and Lomb" brand Preser Vision eye vitamin, Blotena mouth spray, "Spring Valley" brand Super B- Complex, two bottles of "Spring Valley" brand Natural Calcium 600mg, Ester C 100mg, Temazepam 7.5mg, and three packages of Gabapentin 100mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 4/4/2012 -

Resident Care Director educated Resident 3 on self medicating + the need to keep medications under lock + key, RCD/or designee will do bi-monthly audits to monitor all residents who are self-medicators to educate them on safety + keeping all medication in a locked drawer.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lynn Bell'icoratti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lynn Bell'icoratti, RD* Date *4/16/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/27/12</u> (Date)	Verification of Legal Entity Representative Signature <u>4/27/12</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report; 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Guaifenesin DM Syrup as needed for cough. The home does not have this medication available for resident #4.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 4/6/2012 - Guaifenesin DM Syrup was ordered for resident 4 and is now in the medication cart. Medication is ordered when there is a minimum of 3 doses left. Staff administering medications will be in-served by RCO as to the need for weekly cart cleaning and checks for all medication to be available to residents - this will include all routine & PRN medications. RCO will conduct a quarterly medication cart audit to assure all medication is present for each resident.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lynn Pellicciotti

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lynn Pellicciotti, ED

Date 4/16/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/27/12
(Date)

Verification of Legal Entity Representative Signature

Lynn Pellicciotti
4/27/12
(Date)

The above plan of correction was approved by

LP
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa. Code §2600

2800.202 - 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 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 reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Ativan Haldol 1mg/1mg gel. Apply to skin 2 times daily as needed for Agitation. This medication was administered to resident #5 to control agitation on 3/2/12, 3/10/12, 3/13/12, and 3/22/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 4/6/2012

President care Director spoke to physician & new order obtained. The new order states Ativan Haldol 1mg/1mg gel, apply to skin 2 times daily as needed for anxiety. RCO in-serviced all nurses for correct terminology to be used on dementia unit. On going audit to be completed quarterly by RCO or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Lynn Bellio, MD			4/16/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/21/12</u> (Date)	Verification of Legal Entity Representative Signature <u>4/21/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.22(b) - 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.

2. DESCRIPTION OF VIOLATION

The assessment in the record of resident #6 (dated 11/11/11) and the assessment in the record of resident #1 (dated 12/4/11) did not address the need and utilization of a grab assist bar.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 4/3/2012 - grab bar was removed from resident #6, this was placed by Therapy without the knowledge of the nursing dept. or Dementia Program Director. ED spoke with all therapists and no equipment will be assigned to any resident without going through proper channels so all interventions and new equipment can be placed on service plans. ACO will review all therapeutic interventions during wkly meetings with therapy + will document on the Therapy Participants Log. Audit to be completed by Dementia Program Director and/or Resident Care Director quarterly.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Lynn Bellicorotti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lynn Bellicorotti, ED* Date *4/16/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/27/12 (Date)

The above plan of correction was approved by *LM* (Initials)

Verification of Legal Entity Representative Signature 4/27/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.22'(a) - 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.

2. DESCRIPTION OF VIOLATION

The support plan in the record of resident #6 (dated 11/11/11) and the assessment in the record of resident #1 (dated 12/4/11) did not address the need and utilization of a grab assist bar.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 4/8/2012 - support plans updated accordingly
 audits quarterly to promote consistency for all
 parties involved. Dementia Care Director + RCO
 shall complete and up date support plans as
 needed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lynn Bellacchio, MD

Date 4/16/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/27/12
 (Date)

Verification of Legal Entity Representative Signature

[Handwritten Signature]
 4/27/12
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22199 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2. DESCRIPTION OF VIOLATION

The enclosed courtyard outside of the first floor secure dementia unit has a magnetic locking mechanism on the gate to exit the courtyard. The home does not have the directions to operate the magnetic locking mechanism posted.

The home also does not have the directions posted for the locking mechanism on the door in the above mentioned courtyard to re-enter the secure dementia unit from the courtyard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 4/8/2012 - all locks in court yard have the code above them in order to re-enter the Secured Dementia Unit. This will be placed on a quarterly audit and be completed by Maintenance Director

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
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Lynn Pellicciotti, SO

Date 4/16/2012

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Violation Report: 22198 - 04/02/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2. DESCRIPTION OF VIOLATION

The second floor of the secure dementia unit has two exits; exit #3 and exit #4 that do not have any type of locking mechanism to prevent immediate egress from the home's secure dementia unit. Both exit #3 and exit #4 lead to parking lots and major roadways that present an immediate danger to residents of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

At this time locks are being ordered for exit #3 and #4. Compliance to be with in 60 days of receiving the magnetic locks. At this time when the door is opened a loud screeching alarm sounds. All staff have been re-educated on how to set Alarm should this occur. Should the door not alarm, staff has been instructed to notify nursing supervisor or any dept. head & they will call Maintenance immediately. Maintenance Director will include these devices in his weekly check list to assure continued functionality.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lynn Bellisario, MD* Date *4/16/2012*

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The above plan of correction was approved by *[Signature]* (Initials)

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