

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EVANGELICAL MANOR, INC.

To operate WESLEY ENHANCED LIVING AT EVANGELICAL MANOR

Located at 8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152

Personal Care Home licensed beds on 3rd floor, A Building rooms A204, A206, A209

A212, A301, A302, A304, A309, A312, A317, A319, A320, A402, A404, A406, A411, A412,

A418, A501, and P Building rooms P102, P106, P109, P206, and P315

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 50  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

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

55 Pa. Code Chapter 2600: Personal Care Homes

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

No: 176380

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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

PW628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 06 2012

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

Mr. John Ardente, Executive Director  
Evangelical Manor, Inc.  
Wesley Enhanced Living at Evangelical Manor  
8401 Roosevelt Boulevard  
Philadelphia, Pennsylvania 19152

Dear Mr. Ardente:

As a result of the Department of Public Welfare's licensing inspection on April 5, 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: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

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

**2. DESCRIPTION OF VIOLATION**

On 8/23/11, Resident #1 had an unwitnessed fall that resulted in treatment for a traumatic fracture to the left lower arm that was treated at an emergency room. The home did not submit an incident report to the Department.

**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.

17638 - 0 108

*Hym Binaloli P.C.A.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim McElhenny PCA 5-3-12*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McElhenny PCA 5-3-12</i>	Date <i>5-3-12</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><i>5/20/12</i></u> (Date)	Verification of Legal Entity Representative Signature <u><i>5/00/12</i></u> (Date)
The above plan of correction was approved by <u><i>ORM</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation:

Regulation: 2600.16(C)

PC Staff was trained on the importance of letting the PCA know about all incidents immediately. Personal care administrator will make sure to call the PCH hotline within 24 hours of a reportable incident. Personal care administrator will also send the reportable incident to our DPW representative.

KM  
Lynn

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 56 Pa.Code §2600**

2600.17 - 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 designated person, or if a court orders disclosure.

**2. DESCRIPTION OF VIOLATION**

On 4/5/12, the medication administration records that list the residents' medications and diagnoses were unlocked and accessible on top of the medication cart by the storage room near resident room #315.

**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.*

*Lynn B. Arnold PCA*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly McElhenny PCA</i>	Date <i>5-3-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *5/20/12*  
 (Date)

Verification of Legal Entity Representative Signature *5/20/12*  
 (Date)

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

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

Violation:

Regulation: 2600.17

All personal care staff has been retrained about the importance of confidentiality and HIPAA laws. PCA will do spot checks weekly to ensure that all medications and residential records are never left unattended.

KM  
J.R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2. DESCRIPTION OF VIOLATION**  
 The home did not request a criminal background check for staff member A, hired on 1/16/12, until 2/9/12.

**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.*

*Lynn Buraloli PCA*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McHenry PCA</i>	Date <i>5-3-12</i>
--	--------------------

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The above plan of correction was approved by <u><i>DM</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:

Regulation: 2600.51

Human resources department will adhere to their own internal policy as well as DPW regulation of not allowing any applicants to work at our facility prior to requesting a criminal background check. They will now go through a 2 step review process of all required documentation for all new hires prior to their start date at our facility. This will ensure that no new hire will start without all required documentation being completed.

K.M.  
L.R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2. DESCRIPTION OF VIOLATION

On 4/5/12, the water temperature at the kitchen sink in resident room #209 measured 124.6 degrees Fahrenheit.

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.

The water temperature was turned down *cem* 5/20/12

*Lynn Bernalski P.C.A.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/13/2011	
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Signature of Legal Entity Representative (Required on EVERY Page) *Kim McElhenny P.C.A.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim McElhenny* Date *5-3-12*

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

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The above plan of correction was approved by <u><i>cem</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation:

Regulation: 2600.89(B)

Security department will check water temperatures twice daily to ensure that water temperatures do not exceed 120 degrees Fahrenheit. If temperatures rise above 120 degrees Fahrenheit, the director of facilities will be notified to correct the issue.

K. M  
J. R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2. DESCRIPTION OF VIOLATION**

Two trays of pureed foods in molds in the freezer of the third floor kitchen were not labeled or dated.

**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.*

*Lynn Bernaldi RHA*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim McAlhenny PCA* Date *5-3-12*

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

The above plan of correction is approved as of *5/20/12*  
(Date)

Verification of Legal Entity Representative Signature *5/20/12*  
(Date)

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

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

Violation:

Regulation: 2600.103(E)

Dining and kitchen staff was retrained on the importance of wrapping, dating and labeling all items in the freezer and refrigerator. Kitchen management has instituted a checklist of all refrigerators and freezers to ensure all items are date. Kitchen management will review this checklist daily.

K.M.  
L.R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2. DESCRIPTION OF VIOLATION**

On 4/5/12, there was no thermometer in the refrigerator under the counter in the kitchen on the third floor.

**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.*

*Lynn Bernaldo  
PCA*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim McElhenny PCA* Date *5-3-12*

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Violation:

Regulation: 2600.103(F)

On April 5, 2012 there was a thermometer in the small cooler on the third floor serving area however the thermometer was knocked up when food was placed in the small cooler. Attached is the small cooler log and a picture of the thermometer from the date of inspection.

K.M.  
LR

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**2. DESCRIPTION OF VIOLATION**

Clumps of lint and dust along with a rubber glove, papers, and mouse droppings were found behind the washer and dryer in the laundry room on the third floor.

**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.*

*Lynn Binalok PCA*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim McIlhenny PCA* Date *5-3-12*

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The above plan of correction is approved as of *5/20/12*  
(Date)

Verification of Legal Entity Representative Signature *5/20/12*  
(Date)

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

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

Violation:

Regulation: 2600.105(G)(2)

Personal care staff completes dally lint trap cleanings that are signed off in the log book. As of April 5, 2012 the PCA has included that the personal care 11-7 shift employees will inspect around the washer and dryer for any clutter, dust, or droppings. This log will be signed off dally by the personal care aide and reviewed weekly by the PCA. Housekeeping will also inspect this room during its weekly PC cleaning.

K. M.  
A. R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**2. DESCRIPTION OF VIOLATION**  
 The home's written emergency procedures have not been submitted to the municipal emergency management agency.

**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.

*Lynn Binalafi*  
PCA

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McHenry PCA</i>	Date <i>5-3-12</i>
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The above plan of correction was approved by <u><i>CRM</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:

Regulation: 2600.107(D)

Wesley Enhanced Living's written emergency procedures have been submitted to the Philadelphia Municipal Emergency Management Agency. Attached is a copy of proof that our procedure plan was submitted.

This plan will be reviewed Annually. If any changes are made to the plan it will be re-submitted to the Philadelphia Municipal Emergency Management Agency by the Administrator.  
Cren  
06/01/12

K.M.  
L.R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2. DESCRIPTION OF VIOLATION**

The home does not have emergency evacuation diagrams in conspicuous and public places in 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.

Emergency Evacuation Diagrams <sup>(2)</sup> will be posted in the Hallways of the PC Floor. Floor Plans include line of travel to fire safe areas, emergency pull stations and fire extinguishers. Staff will check that the diagrams are posted weekly.

*John*  
5/20/12

*Lynn Benalato*  
PCA

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Kim McElhenny</i> PCA			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Kim McElhenny</i> PCA			<i>5-3-12</i>

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

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The above plan of correction was approved by <u><i>John</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

**2. DESCRIPTION OF VIOLATION**

There is no fire extinguisher in the home's kitchen on the third floor.

**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.*

*Lynn Binaldi  
PCA*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kim McHenry PCA*

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

*Kim McHenry PCA*

Date *5-3-12*

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The above plan of correction is approved as of

*5/20/12*  
(Date)

Verification of Legal Entity Representative Signature

*5/20/12*  
(Date)

The above plan of correction was approved by

*OM*  
(Initials)

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

Violation:

Regulation: 2600.131(C)

A fire extinguisher was not placed on the third floor serving area because food is not prepared in this area. This area is not a kitchen it is a serving area only. This area contains no oven and no stove; only a warming area.

\*As of April 5, 2012 there is a fire extinguisher located in the third floor serving area in response to the cited violation.

K.M.  
L.R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2. DESCRIPTION OF VIOLATION**

- The fire drill record for the drill conducted on 1/10/12 does not include the number of residents in the home at the time of the drill and the number of residents evacuated.
- The fire drill record for the drills conducted on 9/28/11, 10/25/11, 11/10/11, 12/5/11, 1/21/12, 2/4/12, and 3/18/12 do not include the number of residents evacuated during the drill.

**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.

Fire Drill Records For Fire Drills conducted Form # DPW s/job - 55 PA. CODE § 2600.132 (C) DOES IN FACT SHOW THE TOTAL # OF RESIDENTS EVACUATED IN THE HOME ON THE ABOVE MENTIONED DATES, PLEASE SEE ATTACHED FIRE DRILL LOG.

The fire drill logs presented to the Department were the home's internal fire drill logs. The home's Administrator or all staff will make sure all fire drill records maintained by the home are presented to the Department during inspections.

*Sylvia Buzaloti*  
P.C.A.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Kim McElhenny</i> P.C.A.
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 5-3-12
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		

The above plan of correction is approved as of 5/20/12 (Date)

Verification of Legal Entity Representative Signature 5/20/12 (Date)

The above plan of correction was approved by *OCM*

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

Violation Report: 17638 - 04/05/2012 - McHale, Christine

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's designated evacuation time is 10 minutes.30 seconds. The home's fire drill evacuation times are:

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.

During the month of JANUARY (2) Drills were conducted. ONE ON JANUARY 10 2012 AT 7:45 pm that EXCEEDED OUR EVACUATION TIME OF 10 MIN 30 SEC. ANOTHER DRILL WAS CONDUCTED ON JANUARY 21 - 2012 THAT MET OUR EVACUATION TIME. See Attached sheet for Details.

Residents will be evacuated during fire drills within the specified evacuation time.  
com 5/20/12

Lynn Binalich  
P.C.A

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	Kim McHenry PCA
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Kim McHenry PCA
Date	5-3-12

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The above plan of correction was approved by <u>com</u>	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress

**FIRE DRILL RECORDS**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: WESLEY ENHANCED LIVING AT EVANGELICAL MANOR	Number: 176380
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Date	Time	Evac Time	Supervised by Fire Safety Expert
03/12/2012	11:41 AM	6 minutes 55 seconds	
02/04/2012	06:05 AM	6 minutes 30 seconds	
01/21/2012	07:55 PM	8 minutes 10 seconds	
01/10/2012	07:45 PM	11 minutes	
12/05/2011	01:55 PM	7 minutes 40 seconds	
11/10/2011	12:10 AM	8 minutes 48 seconds	
10/25/2011	07:45 PM	4 minutes	
09/26/2011	09:20 AM	5 minutes 26 seconds	

Violation Report: 17638 - 04/05/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 10/20/11, does not include the resident's ability to evacuate in the event of an emergency.

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.

Withdrawn 5/20/12 cew

*Lynn Benajah*  
P.C.A.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kim McElhenry* PCA

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

Kim McElhenry

Date 5-3-12

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Verification of Legal Entity Representative Signature \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

Violation Report: 17638 - 04/05/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2. DESCRIPTION OF VIOLATION

Staff reported to a representative of the Department on 4/5/12 that when fentanyl patches are removed from residents they are wrapped up in a rubber glove and thrown away in the garbage. The manufacturer of the medication recommends folding the adhesive sides of the patch together and flushing the patch in order to avoid misuse of the medication. The patch contains a potent amount of medication even after the recommended time that it is used on a patient.

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.

*Jim Binalati*  
P.C.A.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim McIlhenny PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim McIlhenny*      Date *5-3-12*

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

The above plan of correction is approved as of *5/20/12* (Date)

Verification of Legal Entity Representative Signature *5/20/12* (Date)

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

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

Violation:

Regulation: 2600.183(F)

This resident still resides here at Wesley Enhanced Living and has a standing order for Fentanyl patches. The regulation states that safe destruction shall be enforced for all medications that are discontinued, expired, or for residents that are no longer served at our home.

\*Staff has been trained to dispose of Fentanyl patches in a sharps container after removal. A sharps container was placed in resident room in response to the cited violation.

Staff will follow the manufacturer's instructions for the disposal  
of medications.  
Clem  
5/20/12

K. M.  
L. R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - 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 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.

**2. DESCRIPTION OF VIOLATION**

- The medication administration record for resident #2 does not include diagnosis or purpose for Tylenol 325 mg.
- The medication administration record for resident #3 does not include diagnosis or purpose for Nystatin.

**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.*

*Lynn Benalati  
PCA*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/13/2011

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kim McHenry PCA*

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

*Kim McHenry*

Date *5-8-12*

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

The above plan of correction is approved as of

*5/20/12*  
(Date)

Verification of Legal Entity Representative Signature

*5/20/12*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation:

Regulation: 2600.187(A)

The medication administration record for resident #2 and #3 were fixed to include diagnoses for purpose of identified medications. Personal care nurse will do monthly audits of all medication administration records and verify proper transcription of new medications as ordered. *and that*

*All required information is present*

*Done  
5/20/12*

*K. M.  
L. R.*

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - 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.

**2. DESCRIPTION OF VIOLATION**

On 3/1/12, 3/4/12, 3/6/12, 3/7/12, 3/10/12, 3/11/12, 3/21/12, 3/22/12, 3/24/12, 3/25/12, and 3/31/12, resident #4 refused to take a scheduled dose of Fish Oil at 8:00 am. On 3/1/12, 3/3/12, 3/6/12, 3/11/12, 3/18/12, 3/19/12, and 3/31/12, resident #4 refused to take a scheduled dose of Lasix 20 mg at 8:00 am. On 3/19/12, 3/20/12, and 3/24/12, resident #4 refused to take a scheduled dose of Advair 250/50 at 8:00 am. On 3/24/12, resident #4 refused to take a scheduled dose of Spiriva at 8:00 am. On 3/19/12, resident #4 refused to take a scheduled dose of Ketoconazole cream 2% at 8:00 pm. On 3/19/12, resident #4 refused to take a scheduled dose of Systane Solution at 8:00 pm. The home did not document these refusals in the resident's record or report the refusals to the resident's doctor as required.

**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.*

*John Bengel  
PCA*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim McElhenny* Date *5-3-12*

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

The above plan of correction is approved as of *5/20/12* (Date) Verification of Legal Entity Representative Signature *5/20/12* (Date)

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

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

Violation:

Regulation: 2600.187(C)

Personal care staff was trained on the importance of informing the prescriber within 24 hours of a medication refusal and documenting the refusal in resident record. PC staff will also question the resident as to why they refused their medication and enforce education about their medication. PC nurse will check medication administration records regularly to ensure refusals have been reported and resolved.

J. M.  
J. R.

Violation Report: 17638 - 04/06/2012 - McHale, Christine

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 Remeron 15 mg two tablets at bedtime and Benefiber once daily. These medications were not available in 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.

*Lynn Benalati*  
P.C.A.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim M. McHenry* PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim McHenry*      Date *5-3-12*

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

The above plan of correction is approved as of 5/20/12 (Date)

Verification of Legal Entity Representative Signature *[Signature]* 5/20/12 (Date)

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

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

Violation:

Regulation: 2600.187(D)

Personal care nurse and personal care aides will always ensure that the medications listed on the medication administration record are always available in the medication cart. 11-7 shift will check the medication cart daily to make sure we have all the medications that are listed on the Medication administration record.

\*Both of the prescribed medications were received on the evening shipment in time for administration on April 5, 2012.

K. M.  
L. R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - 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.

**2. DESCRIPTION OF VIOLATION**

The pre-admission screening form for resident #3, admitted 11/14/11, does not include a determination that the home can meet the service needs of the resident.

**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.*

*Lynn Binalski  
P.C.A.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kim McElhenny PCA*

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

*Kim McElhenny*

Date *5-3-12*

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

The above plan of correction is approved as of

*5/20/12*  
(Date)

Verification of Legal Entity Representative Signature

*5/20/12*  
(Date)

The above plan of correction was approved by

*Kim*  
(Initials)

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

Violation:

Regulation: 2600.224(A)

All preadmission screenings will be checked by the personal care 11-7 staff monthly to ensure that all appropriate boxes are checked off and make certain that all discrepancies are brought to the attention of the PCA.

The PCA will review all preadmission screenings upon completion to ensure all required information is present.   
OCU  
5/20/12

K. M.  
D. R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - 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.

**2. DESCRIPTION OF VIOLATION**

Resident #5 was diagnosed with Obsessive Compulsive Disorder and has new behavioral symptoms of asking repetitive questions, lack of sleep due to this diagnosis, and confusion. This information is not addressed on the resident's assessment dated 11/1/11.

**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.*

*Lynn Binalati  
P.C.A*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McElhenny</i>	Date <i>5-3-12</i>
--	--------------------

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

The above plan of correction is approved as of *5/20/12*  
(Date)

Verification of Legal Entity Representative Signature *5/20/12*  
(Date)

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

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

Violation:

Regulation: 2600.225(C)

Resident #5's assessment now reflects the daily redirection given by PC staff to therapeutically treat [redacted] diagnosis. PC nurse will ensure to note all new diagnoses in the resident assessment. PC Nurse will confirm that all new diagnoses are documented in the assessment and support plan after residential doctor's visits.

K. M.  
L. R.

Violation Report: 17638 - 04/05/2012 - McHale, Christine

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - 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.

**2. DESCRIPTION OF VIOLATION**

- Resident #2 requires physical assistance with personal laundry, shopping, and managing finances as determined by the resident's assessment dated 9/15/11. The resident's support plan dated 9/24/11 does not address how the home will assist the resident in meeting these needs.

- Resident #3 has a history of suicide attempts and experiences symptoms of anxiety and depression as determined by the resident's assessment dated 2/22/12. The resident's support plan dated 2/22/12 does not address how the home will assist the resident in meeting these needs.

- Resident #4 requires physical assistance with dressing/undressing, grooming, personal laundry, shopping, managing finances, and obtaining clean seasonal clothing as determined by the resident's assessment dated 10/21/11. The resident's support plan dated 10/25/11 does not address how the home will assist the resident in meeting these needs.

- Resident #5 requires physical assistance with personal laundry, shopping, securing and using transportation, writing correspondence, managing finances, and obtaining clean seasonal clothing as determined by the resident's assessment dated 11/1/11. The resident's support plan dated 11/7/11 does not address how the home will assist the resident in meeting these needs.

**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.*

*Lynn Bernaldo  
P.C.A*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kim McHenry P.C.A*

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

*Kim McHenry*

Date *5-3-12*

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

The above plan of correction is approved as of

*5/20/12*  
(Date)

Verification of Legal Entity Representative Signature

*5/20/12*  
(Date)

The above plan of correction was approved by

*CMH*  
(Initials)

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

Violation:

Regulation: 2600.227(D)

PC staff has updated all residents support plans. PC nurse will now note who assists residents with every ADL or IADL that requires physical assistance. PC staff will audit quarterly that this is properly stated in the support plans.

K. M.  
D. R.

Violation Report: 17838 - 04/08/2012 - McHale, Christine

1. REGULATION 55 Pa. Code §2600

2600.252 - Each resident's record must include the following information: (1) through (20)

2. DESCRIPTION OF VIOLATION

Residents #4 and #8's records contained a photograph of the residents that was taken 3/2010 and are greater than 2 years old.

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.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kimberly M. P. Henry PCA*

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

*Kimberly M. P. Henry*

Date: *5-22-12*

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

The above plan of correction is approved as of

*5/25/12*  
(Date)

Verification of Legal Entity Representative Signature

*5/25/12*  
(Date)

The above plan of correction was approved by

*CPM*  
(Initials)

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

Violation:

Regulation: 2600.252

All Personal Care photos were updated and are current. Personal Care 11-7 shift now reviews charts during their nightly chart checks to ensure that all photos are up to date. PC 11-7 staff will let PCA know when a new photo is needed.