

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CAMBRIDGE VILLAGE ASSOCIATES

To operate CAMBRIDGE VILLAGE PERSONAL CARE HOME

Located at 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010

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 100
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

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 June 5, 2012 until June 5, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **401620**

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

JUN 06 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Cindy Hopkins, Administrator
Cambridge Village Associates
174 Virginia Avenue
Rochester, Pennsylvania 15074

RE: Cambridge Village Personal Care Home
1600 Darlington Road
Beaver Falls, Pennsylvania 15010

Dear Ms. Hopkins:

As a result of the Department of Public Welfare's licensing inspection on April 10, 2012 and April 11, 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.

The license indicates the home's recent change in the name from Cambridge Village Assisted Living Personal Care Residence to Cambridge Village Personal Care Home.

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

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 40162 - 04/10/2012 - Orre, Melinda

1. REGULATION 55 Pa.Code §2800
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2. DESCRIPTION OF VIOLATION
 Staff person A did not receive training in Fire Safety and Emergency Preparedness during the 2011 training year.
 Staff person B did not receive training in Fire Safety and Emergency Preparedness during the 2011 training year.

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.

- 1) STAFF PERSON "A" LAST DAY OF EMPLOYMENT WAS APRIL 11, 2012
- 2) STAFF PERSON "B" ATTENDED FIRE SCHOOL AND EMERGENCY PREPAREDNESS ON 4-19-12. SEE ATTACHMENT #1
- 3) TO PREVENT ABSENCE OF EMPLOYEES FROM FUTURE MANDATORY INSERVICES, ADMINISTRATOR WILL RE-SCHEDULE INSERVICES WHEN NEEDED AND DO MONTHLY AUDITS TO ASSURE COMPLIANCE.
- 4) ADMINISTRATOR WILL REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE

RECEIVED

Western Field Office
Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY HOPKINS</i>	Date <i>5/24/12</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>5-29-12</u> (Date)	Verification of Legal Entity Representative Signature <u>5-29-12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>5-29-12</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2. DESCRIPTION OF VIOLATION

On 4/11/12 at approximately 4:30 p.m. the temperature of the glass door covering the fireplace was 153 degrees Fahrenheit. After 45 seconds the temperature the glass door measured 190 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the glass and preventing a burn injury.

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.

- 1) ON 4-26-12 A FIRE SCREEN WAS PURCHASED FROM BUCK STOVE OF BEAVER VALLEY TO PLACE IN FRONT OF GLASS DOOR COVERING FIRE PLACE. SEE ATTACHMENT #2
- 2) WHEN FIREPLACE IS IN USE, MAINTENANCE DEP'T. WILL MONITOR TEMPERATURE OF GLASS. DOCUMENTATION TO BE KEPT.
- 3) ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE

RECEIVED

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Hopkins Adm

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

CINDY HOPKINS

Date

5/24/12

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

The above plan of correction is approved as of

5-29-12
(Date)

Verification of Legal Entity Representative Signature

5-29-12
(Date)

- Fully Implemented 5-29-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

gc
(Initials)

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2. DESCRIPTION OF VIOLATION

The microwave oven in the staff/resident smoking lounge had crusted food inside and on top of the microwave.

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.

- 1) ON 4-10-12 HOUSEKEEPING AIDE IMMEDIATELY CLEANED MICROWAVE OVEN
- 2) ON 5-2-12 STAFF MEETING WAS HELD TO REVIEW & RE-EDUCATE PROPER POLICY & PROCEDURES ON CLEANING APPLIANCES AND HOUSEKEEPING RESPONSIBILITIES. SEE ATTACH #3
- 3) ADMINISTRATOR TO MONITOR WEEKLY & DOCUMENTATION TO BE KEPT
- 4) ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSUREANCE TO MAINTAIN COMPLIANCE

RECEIVED

Western Field Office
Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LINDY HOPKINS Date 5-24-12

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

The above plan of correction is approved as of 5-29-12
(Date)

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

Verification of Legal Entity Representative Signature 5-29-12
(Date)

- Fully Implemented 5-29-12 y
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

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 bed on the left side of room #204 does not have a bedside light or source of lighting that can be turned on/off at bedside.

The bed on the left side of room #120 does not have a bedside light or source of lighting that can be turned on/off at bedside.

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.

- 1) ON 4-10-12, ROOM #204 NIGHTSTAND WAS IN ROOM, RESIDENT HAD MOVED IT ACROSS ROOM, STAFF MOVED NIGHTSTAND BACK BESIDE BED AND EDUCATED RESIDENT THAT NIGHTSTAND MUST REMAIN NEXT TO BEDSIDE, including a bedside light or source of lighting that can be turned on/off at bedside.
- 2) ON 4-1-12, ROOM #120 BEDSIDE LIGHT BULB WAS BURNT OUT, HOUSEKEEPING REPLACED BULB IMMEDIATELY.
- 3) INSERVICE WAS HELD ON 5-2-12 TO RE-EDUCATE HOUSEKEEPING ON PROPER POLICY & PROCEDURES. SEE ATTACHMENT #3
- 4) ADMINISTRATOR TO MONITOR & REVIEW QUARTERLY AT QUALITY ASSURANCE MEETING TO MAINTAIN COMPLIANCE.

RECEIVED

Western Field Office
Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CINDY HOPKINS* Date *5-24-12*

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

The above plan of correction is approved as of 5-29-12 (Date)

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

Verification of Legal Entity Representative Signature 5-29-12 (Date)

- Fully Implemented *5-29-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place 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.

- 1) HOMES EMERGENCY PROCEDURES WERE POSTED ON WALL @ RECEPTIONIST DESK. PATTERSON TWP. EMERGENCY PROCEDURES WERE IMMEDIATELY POSTED WITH HOMES EMERGENCY PROCEDURE ON 4-10-12 BY ADMINISTRATOR.
- 2) ADMINISTRATOR WILL MONITOR AND UPDATE AS NEEDED.
- 3) ADMINISTRATOR WILL REVIEW QUARTERLY AT QUALITY ASSURANCE MEETING TO MAINTAIN COMPLIANCE.

RECEIVED

Western Field Office
Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CINDY HOPKINS* Date *5-24-12*

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

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The above plan of correction was approved by SC (Initials)

Verification of Legal Entity Representative Signature 5-29-12 (Date)

- Fully Implemented *5-29-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 2/22/11.

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.

- 1) RESIDENT #1'S MOST RECENT ^{medical evaluation} BME WAS COMPLETED ON 3-28-12. COPY WAS FAXED TO DPW ON 4-11-12. SEE ATTACHMENT #4
- 2) ADMINISTRATOR TO DO WEEKLY AUDITS. DOCUMENTATION TO BE KEPT.
- 3) ADMINISTRATOR TO REVIEW QUARTERLY @ QUALITY ASSURANCE MEETING.

6-20-12 The Administrator or designated staff person will review all resident records to ensure all residents have a current medical evaluation completed within the past year. 5-29-12y

RECEIVED

Western Field Office
Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cindy Hopkins ADM</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>CINDY HOPKINS</i>	<i>5-24-12</i>

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

The above plan of correction is approved as of 5-29-12
(Date)

Verification of Legal Entity Representative Signature 5-29-12
(Date)

The above plan of correction was approved by J
(Initials)

- Fully Implemented *5-29-12y*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2. DESCRIPTION OF VIOLATION
 The home does not have accountability for resident #5's medications and controlled substances as follows:
 Oxycodone 10mg tabs. The home indicates 13 tabs should be present; however, only 12 tabs were present.
 Zolipidem 5mg tabs. The home indicates 11 tabs should be present; however, only 10 tabs were present.

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.

- 1) ON 4-10-12 LPN COMPARED MAR & NARCOTICS COUNT SHEET, FOUND THE DISCREPENCIES & CORRECTED THEM.
- 2) SHIFT SUPERVISORS WILL COUNT NARCS DAILY & SIGN OFF AFTER VERIFICATION. SEE ATTACHMENT #10
- 3) INSERVICE WAS HELD ON 5-9-12 TO REVIEW DEFICIENCIES & CORRECTIONS AND PROPER POLICY & PROCEDURES. SEE ATTACHMENT #11.
- 4) ADMINISTRATOR WILL AUDIT WEEKLY TO MAINTAIN COMPLIANCE.
- 5) ADMINISTRATOR WILL REVIEW QUARTERLY @ QUALITY ASSURANCE MEETING TO MAINTAIN COMPLIANCE.

RECEIVED

Western Field Office
Adult Medication Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **CINDY HOPKINS** Date **5/24/12**

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

The above plan of correction is approved as of <u>5-24-12</u> (Date) The above plan of correction was approved by <u>CH</u> (Initials)	Verification of Legal Entity Representative Signature <u>5-24-12</u> (Date) <input checked="" type="checkbox"/> Fully Implemented 5-24-12g <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 40162 - 04/10/2012 - Orme, Melinda

1. REGULATION 55 Pa.Code §2800

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2. DESCRIPTION OF VIOLATION

On 4/9/12 at 9:00 p.m. resident #2 was administered one Hydrocodone 5/500mg tab. Staff person C did not initial or record the date and time of administration on the medication administration record.

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.

- 1) ON 4-10-12 LPN COMPARED MAR & NARCOTICS COUNT SHEET, FOUND DISCREPENCIES & CORRECTED.
- 2) SHIFT SUPERVISORS WILL COUNT NARCOTICS DAILY & SIGN OFF AFTER VERIFICATION. SEE ATTACHMENT #10
- 3) INSERVICE WAS HELD ON 5-9-12 TO REVIEW DEFICIENCIES & CORRECTIONS AND PROPER POLICY & PROCEDURES. SEE ATTACHMENT #11
- 4) ADMINISTRATOR WILL AUDIT WEEKLY TO MAINTAIN COMPLIANCE. SEE ATTACHMENT #7
- 5) ADMINISTRATOR WILL REVIEW QUARTERLY @ QUALITY ASSURANCE MEETING TO MAINTAIN COMPLIANCE.

RECEIVED

Western Field Office
Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
CINDY HOPKINS	5-24-12

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

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(Date)

Verification of Legal Entity Representative Signature 5-29-12
(Date)

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

- Fully Implemented 5-29-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

1. REGULATION 55 Pa.Code §2600 -

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

2. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Verapamil 240mg tab, take 1 tab by mouth daily and Fluoxetine 40mg cap, take 1 cap by mouth in morning. On 4/10/12 the medications were not administered to resident #7.

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.

- 1) PCA PROPERLY DOCUMENTED WITH LPN SUPERVISION, THE MISSED DOSES OF PRESCRIBED MEDICATION ON MAR ON 4-10-12. LPN RE-EDUCATED STAFF PERSON ON PROPER POLICY & PROCEDURES.
- 2) RE-EDUCATED ALL PCA'S ON 5-9-12 ON PROPER PROCEDURE TO DOCUMENT WHEN A RESIDENT IS NOT IN THE FACILITY AT THE PRESCRIBED TIME OF MEDICATION ADMINISTRATION. SEE ATTACHMENT #11
- 3) ADMINISTRATOR WILL AUDIT WEEKLY. SEE ATTACHMENT #7
- 4) ADMINISTRATOR WILL REVIEW AUDITS QUARTERLY AT QUALITY ASSURANCE MEETINGS.

RECEIVED

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Hopkins Adm

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

CINDY HOPKINS

Date

5/24/12

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

The above plan of correction is approved as of

5-29-12
(Date)

Verification of Legal Entity Representative Signature

5-29-12
(Date)

- Fully Implemented 5-29-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JA
(Initials)

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

1. REGULATION 55 Pa.Code §2600 :

2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2. DESCRIPTION OF VIOLATION

Resident #2 has not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3 has not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

- 1) RESIDENT #2 WAS ADMITTED TO FACILITY ON 8-4-05 UNDER THE OLD CONTRACT UPDATED FORMS WERE SENT AND SIGNED BY POA TO MAKE CONTRACT CURRENT AND RESIDENT WAS EDUCATED ON THE RIGHT TO REFUSE MEDICATION ON 5-9-12. SEE ATTACHMENT #8
- 2) RESIDENT #3 WAS ADMITTED TO FACILITY ON 3-14-05 UNDER THE OLD CONTRACT. NEW CONTRACT WAS SIGNED ON 5-22-12 AND ALL INFORMATION IS CURRENT AND RESIDENT WAS EDUCATED ON 5-22-12. SEE ATTACHMENT #9
- 3) ASSISTANT ADMINISTRATOR TO UPDATE ALL OLD CONTRACTS BY 6-29-12. ADMINISTRATOR WILL REVIEW WEEKLY AND DOCUMENTATION WILL BE KEPT. SEE ATTACHMENT #7
- 4) ADMINISTRATOR WILL REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

RECEIVED

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cindy Hopkins ADM

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

CINDY HOPKINS

Date *5/24/12*

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The above plan of correction is approved as of 5-29-12
(Date)

Verification of Legal Entity Representative Signature 5-29-12
(Date)

- Fully Implemented *5-29-12g*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

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 #2's assessment, dated 1/12/12 does not include the diagnoses of anemia or constipation indicated on the resident's medical evaluation dated 1/4/12.

Resident #3's assessment, dated 3/8/12, does not include the diagnosis of osteoporosis indicated on the resident's medical evaluation dated 3/1/12.

Resident #4's assessment, dated 2/9/12, does not include diagnoses of anxiety and depression indicated on the resident's medical evaluation dated 1/31/12.

The most recent assessment for resident #7 was completed on 2/10/11. Resident #7 had falls in the home on 6/2/10; 1/28/10; 4/6/11; 4/21/11; 5/11/11; 7/3/11; 10/12/11; 10/13/11; 11/14/11; 12/30/11; 1/1/12; and 4/5/12. Most of the resident's 12 falls occurred while transferring self for toileting or getting into bed. The most recent assessment for the resident on 2/10/11 does not indicate the proper level of supervision to protect the resident from falls.

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.

- 1) ON RESIDENTS #2, #3, #4 ALL DIAGNOSES WERE ADDED TO THEIR ASSESSMENT. SEE ATTACHMENT #'S 13,14,15
- 2) ON RESIDENT #7 PROPER LEVEL OF SUPERVISION TO PROTECT THE RESIDENT FROM FALLS WERE ADDED. SEE ATTACHMENT # 16
- 3) ADMINISTRATOR TO AUDIT ASSESSMENTS WEEKLY. DOCUMENTATION WILL BE KEPT. SEE ATTACHMENT # 7
- 4) ADMINISTRATOR TO REVIEW QUARTERLY @ QUALITY ASSURANCE TO MAINTAIN COMPLIANCE. SEE ATTACHMENT # ~~7~~

RECEIVED

Western Field Office
Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CINDY HOPKINS* Date *5/24/12*

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

The above plan of correction is approved as of 5-29-12 (Date)

Verification of Legal Entity Representative Signature 5-29-12 (Date)

- Fully Implemented *5-29-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

1. REGULATION 55 Pa.Code §2600 .

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2. DESCRIPTION OF VIOLATION

Resident #7 had an annual assessment completed on 2/10/11. A support plan was not developed for the resident within 30 days of the annual assessment.

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.

- 1) RESIDENT #7 SUPPORT PLAN WAS FOUND IN RESIDENTS RECORD DATED 2-11-11. SEE ATTACHMENT #12. .
- 2) ADMINISTRATOR WILL DO WEEKLY AUDITS. SEE ATTACHMENT #7.
- 3) ADMINISTRATOR WILL REVIEW AUDITS QUARTERLY @ QUALITY ASSURANCE MEETINGS.

6-20-12 The Administrator or designated staff person will review all resident records to ensure all residents have an assessment completed within the past year and the documentation is in the resident record. 5-24-12

RECEIVED

Western Field Office
Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cindy Hopkins ADM</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>CINDY HOPKINS</i>	<i>5/24/12</i>

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

The above plan of correction is approved as of <u>5-29-12</u> (Date)	Verification of Legal Entity Representative Signature <u>5-29-12</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 <i>5-29-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40162 - 04/10/2012 - Orme, Melinda

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

The 12/20/11 medical evaluation for resident #7 indicates the resident has a need for calazime ointment to the buttocks and liquid shield to the heels. The resident's support plan dated 9/10/11 does not document how this need will be met.

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.

- 1) ON 12-22-11 RESIDENT #7 RETURNED FROM SNF. ON 12-23-11 RESIDENT'S PHYSICIAN DISCONTINUED CALAZIME OINTMENT TO BUTTOCKS AND LIQUID SHIELD TO HEELS. THIS IS THE REASON THEY WERE NOT ADDRESSED ON SUPPORT PLAN WHICH WAS COMPLETED ON 12-23-11. SEE ATTACHMENT #5 & #6
- 2) ADMINISTRATOR WILL DO WEEKLY AUDITS TO ASSURE COMPLIANCE. DOCUMENTATION WILL BE KEPT. SEE ATTACHMENT #7
- 3) ADMINISTRATOR TO REVIEW QUARTERLY @ QUALITY ASSURANCE MEETING TO MAINTAIN COMPLIANCE.

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Western Field Office
Adult Risk and Licensing

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Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Hopkins ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Hopkins* Date *5/24/12*

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The above plan of correction was approved by _____ (Initials)

Verification of Legal Entity Representative Signature _____ (Date)

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

Violation Report: 40162 - 04/10/2012.- Orme, Melinda

1. REGULATION 55 Pa.Code §2600

2600.231(h) - The resident-home contract in § 2600.25 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

2. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the Secure Dementia Care Unit on 12/22/10. The resident's 8/1/05 contract has not been updated to include a disclosure of services, admission and discharge criteria, change in condition policies, special programming or costs and fees for the secure dementia care unit.

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.

- 1) FACILITY NOTIFIED POA OF RESIDENT #2 TO UPDATE HOME CONTRACT. SEE ATTACHMENT #8.
- 2) ASSISTANT ADMINISTRATOR TO UPDATE ALL HOME CONTRACTS BY 6-29-12.
- 3) ADMINISTRATOR WILL AUDIT WEEKLY AND DOCUMENTATION WILL BE KEPT. SEE ATTACHMENT #7
- 4) ADMINISTRATOR WILL REVIEW QUARTERLY @ QUALITY ASSURANCE MEETING TO MAINTAIN COMPLIANCE.

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Cindy Hopkins	5/24/12

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(Date)

Verification of Legal Entity Representative Signature 5-29-12
(Date)

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(Initials)

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