

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRY ACRES PERSONAL CARE HOME, INC.

To operate COUNTRY ACRES PERSONAL CARE HOME

Located at 2017 MEADVILLE ROAD, TITUSVILLE, PA 16354

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 33
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 April 20, 2012 until April 20, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 411770

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUL 17 2012

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

Ms. Tamara McGill, Owner/Administrator
Country Acres Personal Care Home, Inc.
Country Acres Personal Care Home
2017 Meadville Road
Titusville, Pennsylvania 16354

Dear Ms. McGill:

As a result of the Department of Public Welfare's licensing inspection on April 13, 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 "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2. DESCRIPTION OF VIOLATION

There is a spray bottle hand labeled "bleach water" located in the linen closet next to bedroom #3. Original product labeling at the home says "Call poison control or physician if ingested". A spray bottle hand labeled "bleach water" was also found in the cleaning closet.
A spray bottle labeled "multi-purpose disinfectant cleaner" (not the original container) was found in linen closet #2.

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.

Photo copies of label with ingredients + warnings were made + attached to bottles and will be only kept in locked cleaning closets

Immediately:

the home will only use cleaning products stored in their original labeled containers. If additional bottles are needed the administrator will contact the cleaning supply company and the manufacturer for spray bottles and stock-on manufacturer's labels.

RECEIVED

7-30-12 A designated staff member will check the home 1x a day to ensure that all poisonous materials are locked and inaccessible to residents. 6-21-12 JFP

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

J.McGill

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

Jamara McGill

Date *6-7-12*

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

The above plan of correction is approved as of

6-21-12
(Date)

Verification of Legal Entity Representative Signature

6-21-12
(Date)

The above plan of correction was approved by

JFP
(Initials)

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

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2. DESCRIPTION OF VIOLATION

The safety lock on the cabinet under the kitchen sink allows the doors to open easily- up to 14 inches and also can be lifted right off the cabinet handles. Multiple poisons are stored under the sink including 1 gallon of Bleach with a manufacture's label indicating "if swallowed call poison control or doctor immediately", a 22 fl oz spray bottle of Lysol Antibacterial kitchen cleaner with a label indicating "if in eyes call poison control or doctor", a 32 fl oz spray bottle of Lysol All Purpose cleaner with bleach labeled "call poison control or doctor if swallowed", a 32 fl oz spray bottle Heavy Duty Degreaser with a label stating "if swallowed drink a glass of water and call a physician or poison control". Residents of the home, have not been assessed capable of recognizing and using poisons safely.

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.

See attached Photo to Previous page

A child proof lock has been attached to the cabinet door to prevent residents from accessing poisonous materials.

7-20-12 All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation will be kept.

7-20-12 A designated staff person will check the home ~~1x~~ a day to ensure all poisonous materials are locked and inaccessible to residents.

RECEIVED
6-2-12 JGD
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)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tamara M. Gill Date 6-7-12

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

The above plan of correction is approved as of <u>6-21-12</u> (Date)	Verification of Legal Entity Representative Signature <u>6-21-12</u> (Date)
The above plan of correction was approved by <u>JGD</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: 41177 - 04/13/2012 - Miller-Linhart, Alden

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 4/13/2012, the water temperature measured 135.6 degrees Fahrenheit in bathroom #1.

On 4/13/2012, the water temperature measured 131 degrees Fahrenheit in bathroom #3.

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.

Temperatures were adjusted
 Check off sheet to check temperatures
 Weekly - will be done by housekeeping
 12 sinks total

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)

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

Lamara McGilli

Date 6-7-12

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

The above plan of correction is approved as of

6-2-12
 (Date)

Verification of Legal Entity Representative Signature

6-2-12
 (Date)

The above plan of correction was approved by

LMG
 (Initials)

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

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2. DESCRIPTION OF VIOLATION

There is no bedside table or shelf beside the bed in room #19.

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.

Bedside table placed in room weekly check list for presence to be done by housekeeping.

7-20-12 The administrator will inspect the resident bedrooms monthly to ensure all residents have a bedside table or a shelf. 6-21-12 JFP

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)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jamara McEll Date 6-7-12

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

The above plan of correction is approved as of 6-21-12
(Date)

Verification of Legal Entity Representative Signature 6-21-12
(Date)

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

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

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Aiden

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 beds in rooms #19 and #26 do not have a source of light that can be turned on/off from 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.

Clip on Lights have been attached to head boards.

7-20-12 A designated staff member will inspect all bedside lights 1x per week to ensure they are present and operable.

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)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jamara McS Date 6-7-12

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

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(Date)

Verification of Legal Entity Representative Signature 6-21-12
(Date)

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

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

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

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

The " Employee" refrigerator freezer contains an ice cream pie and a zip lock bag with precooked bacon. Both items are unlabeled and undated. These foods and other foods in the freezer are intended to be served to the residents per staff.

There was a tupperware container of sugar and a 61.7 lb "sheet rock topping joint compound" tub with flour in it stored in the dry goods pantry, both containers are unlabeled and undated.

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.

Posted note for Staff to be sure all food not in its original container to be marked with contents and date. Also to be noted for Staff only flour + sugar storage totes will be labeled/dated when refilled and cleaned -

RECEIVED

See page 7A

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)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lamara MGSU* Date *6-7-12*

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

The above plan of correction is approved as of 6-21-12
(Date)

Verification of Legal Entity Representative Signature 6-21-12
(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: 41177 - 04/13/2012 - Miller-Linhart, Alden

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

The "Employee" refrigerator freezer contains an ice cream pie and a zip lock bag with precooked bacon. Both items are unlabeled and undated. These foods and other foods in the freezer are intended to be served to the residents per staff.

There was a tupperware container of sugar and a 61.7 lb "sheet rock topping joint compound" tub with flour in it stored in the dry goods pantry, both containers are unlabeled and undated.

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.

7/20/12 - All staff handling or storing food items will be educated regarding the safe storage of food items including labeling and dating. Documentation of training will be kept.

7/20/12 - A designated staff person will check all food storage areas weekly to ensure all food items are labeled and dated.

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

The above plan of correction is approved as of <u>6-21-12</u> (Date)	Verification of Legal Entity Representative Signature _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2. DESCRIPTION OF VIOLATION

In the kitchen diabetic cabinet there was a 32 oz package of Great Value Fig bars that was opened and unsealed.

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.

Cabinet in question is for all snacks not only diabetic. Will educate staff and post note to label when opened and reseal packaging.
 4 date

7/20/12 - the administrator or designated staff person will check all food storage areas weekly to ensure all food items are stored in closed or sealed containers.
 6-21-12

RECEIVED [Signature]

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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tamara McGill	Date 6-7-12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-21-12
 (Date)

Verification of Legal Entity Representative Signature 6-21-12
 (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: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2. DESCRIPTION OF VIOLATION

Stored in the canned goods storage area there was a 120 oz can of french lemon pie filling and a 112oz can of pork and beans in tomato sauce both cans were dented.

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.

All Kitchen staff to check
Canned goods when putting away
from delivered orders.

Withdrawn
6-7-12

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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Iamara McGilli	Date	6-7-12
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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)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2. DESCRIPTION OF VIOLATION

The home does not have a complete and updated emergency preparedness plan containing all the required information.

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.

have contacted county & township for updated plans to ensure our will comply for everyone's benefit --

① Resident contact info is in chart & info box - both of which medical takes

② w/hes for all emergencies

see copies of emrg transp-contacts -

per attached plan -

withdrawn

plan will be completed by 6/25/12 or sooner - dep on when I rec all info -

WESTERN FIELD OFFICE
Adult Family Care Licensing

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)

Tamara McGill

Date *6-7-12*

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

<p>The above plan of correction is approved as of _____ (Date)</p> <p>The above plan of correction was approved by _____ (Initials)</p>	<p>Verification of Legal Entity Representative Signature _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2. DESCRIPTION OF VIOLATION

There were two boxes of fluorescent light bulbs, a plastic trash can, and carpet shampooer stored approximately nine inches away from the hot water tank located next to restroom #5.

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.

Items moved by housekeeping

Posted note by each Hot water Heater and marked out 3 feet away with tape

housekeeping will monitor daily

RECEIVED

Allegheny County
Administrative Services

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/24/2011
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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)	Date
Lamara M. G. /	6-7-12

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

The above plan of correction is approved as of	<u>6-21-12</u> (Date)	Verification of Legal Entity Representative Signature	<u>6-21-12</u> (Date)
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The above plan of correction was approved by [Signature]
(Initials)

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

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2. DESCRIPTION OF VIOLATION

Resident #1, was admitted on 3/11/2011. The resident's initial medical evaluation was completed on 5/28/2011.

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.

Yearly Calendar to be made with
time limits for DME + RASPs

Will send & call PCPP 1 month

Prior to ensure timely response

Withdrawn

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)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tamara McSil Date 6-7-12

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)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

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 #1, dated 8/1/2012, is missing specific dietary information .

The medical evaluation for resident #2, dated 1/09/2012, does not include a list of current medications, the form states "see list from nursing home" and there is no list attached to the evaluation form.

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.

DME to be double checked for accuracy. Returned to PCP if ^(by admin) needed for corrections / completion

6/21/12 - Residents #1 and #2's medical evaluation were updated. JJP 6/21/12

7/20/12 The administrators were reviewed all current resident's medical evaluations to ensure they have been completed in their entirety including dietary needs and medications. If not complete the form will be submitted to the physician for an update. 6-21-12 JJP

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)

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

Jamara McGee

Date 6-7-12

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

The above plan of correction is approved as of 6-21-12
(Date)

Verification of Legal Entity Representative Signature 6-21-12
(Date)

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

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

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2. DESCRIPTION OF VIOLATION

The home's designated smoking area contains six chairs with woven fabric backs. The chairs have tags that indicate "this article does not meet California Bureau of Home Furnishing Flammable Requirements- care should be exercised near open flame or with burning cigarettes."

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.

Signage for designated Smoking Areas Added to Pavilion.

Furniture labels checked for Fire Safety and moved accordingly

posted new smoking & non smoking area signs *

RECEIVED

7/20/12 - A designated staff member will monitor the home on a weekly basis to ensure the smoking policies and procedures are being followed. The staff person will ensure no flammable chairs, cushions or other items are present in the smoking area.

Western Field Office
Adult Residential Licensing

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/24/2011
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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) Amara MGS 1 Date 6-7-12

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

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Verification of Legal Entity Representative Signature 6-21-12 (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: 41177 - 04/13/2012 - Miller-Linhart, Aiden

1. REGULATION 55 Pa.Code §2600
 2600.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

2. DESCRIPTION OF VIOLATION
 There are no alternative foods and beverages listed on the posted menus.

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.

Alternatives added to Menu Board for Lunch + Supper
 Printed menu provided to residents for breakfast choices. Also posted beside menu board by daytime cook-

7/20/12 the administrator will review the menu weekly to ensure it includes an alternate food and drink item from which the resident may choose. 6-21-12 JPP

RECEIVED
 Western Field Office
 Adult Professional Licensing

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 6-7-12

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

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

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

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

- 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
- (1) The resident's name.
 - (2) The name of the medication.
 - (3) The date the prescription was issued.
 - (4) The prescribed dosage and instructions for administration.
 - (5) The name and title of the prescriber.

2. DESCRIPTION OF VIOLATION

The pharmacy delivered a blister pack containing aspirin without any label. The blister pack had no pharmacy label attached.

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.

Med Tech shall check for appropriate labeling before signing for medication deliveries.

This was corrected day of inspection Family member took Blister pack of medication (Aspirin) back into Pharmacy for labeling

2012 the administrator or designated staff person will perform a medication audit during the first week of each month to ensure all medications are labeled with the required medication

Western Field Office
Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):	6-21-12 JSP
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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) <i>Tamara McGill</i>	Date 6-7-12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-21-12</u> (Date)	Verification of Legal Entity Representative Signature <u>6-21-12</u> (Date)
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- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

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.

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Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include the diagnosis or purpose for the medications Diphen/Atrop 2.5mg and vitamin A&D ointment.

The medication administration record for resident #3 does not include the diagnosis or purpose for the medications Floxacin HCL 250mg, Phenazopyridine 100mg, Plavix 75mg, Diltiazem 24 hour ER 180mg, and Oyster-cal 500.

The medication record for resident #4 does not include the diagnosis or purpose for Nitrofurantoin 100mg cap myla and Senna Plus.

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.

See attached Fax Cover Sheet & Physician Contact Sheet. Clearly stated all medications must contain diagnosis for pharmacy labels and MAR. Resident #1, #3 and #4's medication administration records were updated to include all missing info. See page of IFA information. 6-2-12

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)

Tamara McGil

Date 6-7-12

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

The above plan of correction is approved as of 6-2-12
(Date)

Verification of Legal Entity Representative Signature 6-2-12
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Alden

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 #1 does not include the diagnosis or purpose for the medications Diphen/Atrop 2.5mg and vitamin A&D ointment.

The medication administration record for resident #3 does not include the diagnosis or purpose for the medications Floxacin HCL 250mg, Phenazopyridine 100mg, Plavix 75mg, Diltiazem 24 hour ER 180mg, and Oyster-cal 500.

The medication record for resident #4 does not include the diagnosis or purpose for Nitrofurantoin 100mg cap myla and Senna Plus.

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.

7/20/12 - The administrator or a designated staff member will review all resident medication administration records to ensure they contain all required information under this regulation including the diagnosis for each medication.

7/20/12 - The administrator or a designated staff member will review all medication administration records during the first week of each month to ensure they contain all required information under this regulation including the diagnosis for each medication.

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

The above plan of correction is approved as of 6-21-12
(Date)

Verification of Legal Entity Representative Signature 6-21-12
(Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 41177 - 04/13/2012 - Miller-Linhart, Aiden

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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 initial assessment for resident #2, admitted 1/11/12, was incomplete. Specifically, page 10 of the RASP was left blank.

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.

RASP will now be one sided
 Double checked for completeness
 before being added to RASP Binder
 by admin. Resident #2's assessment was completed. 6-21-12 JJP

7/20/12 - the administrator or designated staff person **RECEIVED**
 will review all current resident assessments for accuracy and completion.

7/20/12 - the administrator will review all new resident assessments for accuracy and completion. 6-21-12 JJP
 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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Tamara McGiv	6-7-12

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 (Date)

Verification of Legal Entity Representative Signature 6-21-12
 (Date)

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

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- Not Implemented

Violation Report: 41177 - 04/13/2012- Miller-Linhart, Alden

1. REGULATION 55 Pa.Code §2600

2600.227(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 initial support plan for resident #2, admitted 1/11/12, was incomplete. Specifically, page 10 of the RASP was left blank.

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.

RASP will now be one sided
 Double checked for completeness
 before being added to RASP Binder
 Resident #2's support plan was completed. 6-21-12 JJA

7/20/12 - the administrator or a designated staff person will review all current resident support plans for accuracy and completion. **RECEIVED**

7/20/12 - the administrator will review all new resident support plans for accuracy and completion. 6-21-12 JJA
 Western Field Office
 Adult Residential Licensing

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 6-7-12

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 (Date)

Verification of Legal Entity Representative Signature 6-21-12
 (Date)

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

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