

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HILLSIDE REST HOME, INC.

LEGAL ENTITY

To operate HILLSIDE PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48  
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

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 24, 2012 until June 24, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **348750**

*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

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

JUN 28 2012

Ms. Catherine Rowe  
Hillside Rest Home, Inc.  
P.O. Box 552  
Blue Ridge Summit, Pennsylvania 17214

RE: Hillside Personal Care  
1175 Old Waynesboro Pike  
Fairfield, Pennsylvania 17320

Dear Ms. Rowe:

As a result of the Department of Public Welfare's licensing inspection on April 16, 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: 34875 - 04/16/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2. DESCRIPTION OF VIOLATION

The home did not have any documentation that direct care staff person A has a high school diploma, GED or active registration status on the Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediate)

Assistant Administrator contacted staff person A's Educational Institution to obtain verification of high school diploma. School did not have record of diploma. Assistant Administrator requested staff person A to present with verifiable certificate of qualifying education as per regulation 2600.54(a). Staff person A resigned on May 1, 2012.

All remaining direct care staff files have been reviewed for compliance of regulation 2600.54(a).

(On going)

Staff that are hired to perform direct care staff duties will present verifiable documentation of education within 2 weeks of hire and prior to performing any direct care staff duties. This will be completed by office person that initiates training and will be audited by Assistant Administrator.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Catherine Rowe Administrator* Date *5/10/12*

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

The above plan of correction is approved as of 6-18-12  
(Date)

Signature of Legal Entity Representative 6-18-12  
(Date)

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

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

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2. DESCRIPTION OF VIOLATION

On 4/16/12, the census of the home was 41 residents. On the 11:00 PM to 7:00 AM shift from 4/6/12 to 4/12/12, none of the staff were currently certified in first aid, obstructed airway techniques aid and CPR. For the same time period, none of the staff on the 7:00 AM to 3:00 PM shift had a valid CPR certification card.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

The American Red Cross trainer did not submit paperwork for official cards. The attached document Exhibit #1 and Exhibit #2 are the forms of those individuals that were trained and passed the CPR and First Aid.

Please review attached documents as to that the all shifts were covered with someone currently trained except for 4/9/12 the 7:00am - 3:00 pm shift (there was office staff present that day from 9:30am - 5:30pm and no first aid coverage on 4/6/12 or 4/10/12 for the 11:00pm - 7:00am shift.

Staff that do not have CPR or First Aid cards will be retrained by or before 5/26/2012. All shifts will have someone that has current CPR and First Aid as per regulation 2600.63(a)

(On going)

All list of staff CPR and First Aid qualifications and expirations will be maintained by trainer and supplied to the staff scheduler to assure that at all times there is someone present in the home that is appropriately certified. This will be reviewed monthly by the Administrator or more often as per training schedule. The Administrator will monitor that training is planned in advance of expiration of certifications.

Certification cards will be applied for within 10 days of the completion of all CPR and First Aid courses. An on-line certificate will be printed at time of submission and made available in the staff training records until official cards are available per accrediting organization.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Catherine Rowe Administrator* Date *5/10/12*

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

The above plan of correction is approved as of <u>6-18-12</u> (Date)	Signature of Legal Entity Representative <u>6-18-12</u> (Date)
The above plan of correction was approved by <u>SR</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 Report: 34875 - 04/16/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2. DESCRIPTION OF VIOLATION

There was no documentation that direct care staff person B, hired 4/19/10, received 12 hours of annual training in 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

Direct care staff person B had received training, but the documentation of training was not properly filed.

As she had left employment and was re-hired 7/21/2011

Documentation is now filed as Exhibit #3.

Trainer was in-serviced as to the importance of proper and complete documentation.

All training documentations have been reviewed and corrected or trained as needed as per 5/2/12.

(On going)

Trainer will continue to complete all trainer documents. Administrator will review all training records within 2 weeks of new staff hires and will monitor and direct corrections and training as needed per regulation 2600.65(e).;

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

Signature of Legal Entity Representative (Required on EVERY Page) Catherine Ponce

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Catherine Ponce Administrator Date 5/10/12

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

The above plan of correction is approved as of 6-18-12 (Date)

Signature of Legal Entity Representative 6-18-12 (Date)

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

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

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2. DESCRIPTION OF VIOLATION

Direct care staff B, hired 4/19/10, did not receive training in care for residents with mental illness and mental retardation in 2011. Direct care staff C, hired 2/7/11, did not receive training in care for residents with mental illness and mental retardation. Both population groups are served in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

Direct care staff person B had received training, but the documentation of training was not properly filed. Direct care staff person C had received training, but did not sign training documents.

Documentation is now filed as Exhibit #3 and updated Exhibit #4.

Trainer was in-serviced as to the importance of proper and complete documentation.

All training documentations have been reviewed and corrected or trained as needed as per 5/2/12.

(On going)

Trainer will continue to complete all trainer documents. Administrator will review all training records within 2 weeks of new staff hires and will monitor and direct corrections and training as needed per regulation 2600.65(e).;

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Catherine Rowe*

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

Catherine Rowe, Administrator

Date 5/10/12

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

The above plan of correction is approved as of 6-18-12 (Date)

Signature of Legal Entity Representative 6-18-12 (Date)

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

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

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

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

Direct care staff C, hired 2/7/11, did not receive training in falls and accident prevention.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

Direct care staff person C had received training, but did not sign training documents.

Documentation is now filed and updated as Exhibit #4.

Trainer was in-serviced as to the importance of proper and complete documentation.

All training documentations have been reviewed and corrected or trained as needed as per 5/2/12.

(On going)

Trainer will continue to complete all trainer documents. Administrator will review all training records within 2 weeks of new staff hires and will monitor and direct corrections and training as needed per regulation 2600.65(e);

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Catherine Rowe*

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

Catherine Rowe Administrator

Date 5/10/12

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

The above plan of correction is approved as of

6-18-12 (Date)

Signature of Legal Entity Representative

6-18-12 (Date)

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

The above plan of correction was approved by

*CR* (Initials)

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

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 does not have a letter from a fire safety expert that specifies an evacuation time greater than 2 1/2 minutes. On 4/4/12, it took residents 3 minutes to evacuate the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

Residents were counseled on 4/4/12 by Assistant Administrator on the importance of immediate evacuation of the building. That no resident is to stop to retrieve personal belongings, use rest room or put on shoes, etc. That fire will not wait until they are safe it can consume a room in 2 and half minutes. We ran an additional fire drill the same day and completed the fire drill in less than 2 and half minutes.

(On going)

Assistant Administrator will seek to find additional educational materials and trainings to instruct the residents and staff on the dangers of fire and other disasters. Hillside Personal Care Home will start these additional trainings by June 30, 2012. Assistant Administrator will counsel individuals that pose a risk to themselves and others during drills and will recommend discharge if the individual cannot meet the 2-1/2 minute requirement.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Catherine Rowe*

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

Catherine Rowe, Administrator

Date 5/10/12

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

The above plan of correction is approved as of 6-18-12 (Date)

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

Signature of Legal Entity Representative 6-18-12 (Date)

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

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

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, admitted on 5/27/11, had a medical evaluation that was dated 1/20/11. The following medical evaluation was dated 12/29/11.  
Resident #2, admitted on 4/29/11, did not have a completed medical evaluation until 5/31/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately and On going)

The Medical Care Coordinator will; review all resident records for anniversary dates of medical evaluations; create an electronic date reminder file and review file monthly to assure that the following month anniversary dates are met; schedule appointments as needed. The Assistant Administrator will audit Medical Care Coordinator monthly for six months and quarterly there after if significant compliance is found.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Catherine Rowe*

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

Catherine Rowe Administrator

Date 5/10/12

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

The above plan of correction is approved as of

6-18-12  
(Date)

Signature of Legal Entity Representative

6-18-12  
(Date)

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

The above plan of correction was approved by

SR  
(Initials)

RECEIVED TIME - MAY. 11. - 3:55PM

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2. DESCRIPTION OF VIOLATION

Resident #3 had *Triamcinolone Acetoxide* which expired in March of 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

Assistant Administrator reviewed all medications in medication cabinets for expiration and reordered any that were expiring within 30 days. Completed 4/18/2012.

*Identified medication was discarded. - EE*

During audit found discrepancy with pharmacy label expiration and manufacturer expiration. After discussions with pharmacy found that the pharmacy expiration date is the expiration of the Doctors prescription on pharmacy's computer and not the expiration of product. Pharmacy is forwarding letter to this statement of policy and will include this with our medication policy and our MAR book.

Assistant Administrator in-serviced all medication techs on regulation 2600.183(d)

(On going)

Assistant Administrator will monthly for 3 months audit all medications and quarterly there after if significant compliance is found.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Catherine Rowe*

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

*Catherine Rowe, Administrator*

Date *5/10/12*

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

The above plan of correction is approved as of

*6-18-12*  
(Date)

Signature of Legal Entity Representative

*6-18-12*  
(Date)

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

The above plan of correction was approved by

*EE*  
(Initials)

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2. DESCRIPTION OF VIOLATION

There were two loose, round pills in the medication bin for resident #4. One pill was orange and the other one was yellow. The medication bin for resident #5 had one loose oval, white pill.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

Assistant Administrator reviewed all medications in medication cabinets for loose medications. Completed 4/18/2012.

*Identified pills were appropriately discarded. -EE*

Assistant Administrator in-serviced all medication techs on regulation 2600.183(e)

(On going)

Assistant Administrator will monthly for 3 months audit all medications and quarterly there after if significant compliance is found.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Catherine Rowe*

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

*Catherine Rowe, Administrator*

Date *5/10/12*

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

The above plan of correction is approved as of

*6-18-12*  
(Date)

Signature of Legal Entity Representative

*6-18-12*  
(Date)

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

The above plan of correction was approved by

*EE*  
(Initials)

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

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 April 2012 medication administration record was not initialed for *Sertraline HCL 100 mg. Tab* on 4/8/12 at 8:00 PM for resident #6.  
The April 2012 medication administration record was not initialed for *Isorbil 10 mg. Tab* on 4/8/12 at 8:00 PM for resident #7.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

Staff Person was in-serviced by Assistant Administrator on the importance and the requirement of regulation 2600.187(a). Staff person is reviewed weekly to assure accuracy and will perform remediation as needed if not compliant. If not able to complete all paperwork as required staff person will not be permitted to pass medications.

(On going)

Assistant Administrator will monitor all med techs for excellence in medication pass and medication records. Med techs with less than perfect records will be monitored weekly, daily or each med pass as needed to assure safety of residents. If any med tech is unsafe they will not be permitted to pass medications.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Catherine Rowe, Administrator* Date *5-10-12*

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

The above plan of correction is approved as of 6-18-12 (Date)

Signature of Legal Entity Representative 6-18-12 (Date)

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

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

RECEIVED TIME: MAY. 11. - 3:55PM

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION

Direct care staff D, who provides medication administration services, last received annual medication training in March of 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

Direct care staff D training was completed on 4/18/2012 by Assistant Administrator. All training for regulation 2600.190(a) was reviewed for completion.

(On going)

Assistant Administrator will review medication training documents monthly for six months and quarterly there after for accuracy and completion.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Catherine Rowe*

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

Catherine Rowe, Administrator

Date 5/10/12

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

The above plan of correction is approved as of

6-18-12 (Date)

Signature of Legal Entity Representative

6-18-12 (Date)

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

The above plan of correction was approved by

*SR* (Initials)

RECEIVED TIME - MAY. 11. - 3:55PM

Violation Report: 34875 - 04/16/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2. DESCRIPTION OF VIOLATION

There is no preadmission screening form in the record for resident #8 who was admitted on 11/28/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

(Immediately)

Located missed filed preadmission screening and filed correctly in resident file. All resident files were reviewed for completeness.

(On going)

Assistant Administrator will review new admissions within 2 weeks of admission to assure accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Catherine Perry*

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

Catherine Perry, Administrator

Date 5/10/12

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

The above plan of correction is approved as of

6-18-12 (Date)

Signature of Legal Entity Representative

6-18-12 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*CE* (Initials)