



Mailing Date: **SEP 14 2012**

Ms. Lucinda Jewart, Owner/Administrator
Lucinda and Randall Jewart
PO Box 166, 8 West Church Street
Sagamore, Pennsylvania 16250

RE: Jewart's Whispering Pines Manor
PO Box 249, 8 West Church Street
Sagamore, Pennsylvania 16250

Dear Ms. Jewart:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 12, 2012; May 14, 2012 and August 10, 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

Jon Kimberland
Regional Licensing Administrator

Enclosure(s)

Violation Report: 42685 - 05/12/2012 - Rapon, Dennis

AUG 8 2012

1. REGULATION 55 Pa.Code §2600

2600.13(b) - The maximum capacity specified on the license may not be exceeded.

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

The home's current certificate of occupancy was issued by the Pennsylvania Department of Labor and Industry on 6/3/96 indicating SP Small Personal Care Home (4 through 8 residents) The home currently has 9 residents and exceeds the number of persons specified by the Department of Labor and Industry.

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.

Steps have been taken to correct this violation. One of the residents moved which brought our occupancy back down to 8. We are now in compliance. We will not take any other residents unless the bed is all ready empty. We are very sorry for this mistake and it will never happen again.

See page 2A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Stewart*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Stewart* Date *7-21-12*

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

The above plan of correction is approved as of 7-4-12 (Date)

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

Verification of Legal Entity Representative Signature 7-4-12 (Date)

- Fully Implemented *7-4-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 08/12/2012 - Ropen, Dennis

AUG 8 2012

1. REGULATION 55 Pa. Code §2600

Western Field Office
Adult Residential Licensing

2600.13(b) - The maximum capacity specified on the license may not be exceeded.

2. DESCRIPTION OF VIOLATION

The home's current certificate of occupancy was issued by the Pennsylvania Department of Labor and Industry on 6/3/96 indicating SP Small Personal Care Home (4 through 8 residents) The home currently has 9 residents and exceeds the number of persons specified by the Department of Labor and Industry.

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.

9/30/12 - The administrator will approve all new admissions to the home and ensure that the home's capacity for the certificate of occupancy and Department issued license are not exceeded.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lucinda Dewert* Date *8-8-12*

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

The above plan of correction is approved as of 9-4-12
(Date)

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

Verification of Legal Entity Representative Signature _____
(Date)

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

Violation Report: 42685 - 05/12/2012 - Rapon, Dennis

AUG 8 2012

1. REGULATION 55 Pa.Code §2600

2800.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 5 Pa. Code Sections 25.21 - 25.27, relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Western Field Office

Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

On 4/26/12 staff person A, the home's administrator, witnessed an incident of resident to resident abuse between residents #1 and #5. The incident was not reported to the Area Agency on Aging.

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.

Steps were taken to try to prevent this from happening again both resident were told that abusing residents is not permitted in this home and any abuse will be reported and if they do not comply they will be given a 30 day notice to find other living arrangements. We are very sorry for the mistake and will take all the steps required if this happens again you will all be notified.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Lucinda Dewar

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

Date 7-21-12

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)

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

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

Violation Report: 42885 - 05/12/2012 - Rapon, Dennis

1. REGULATION 65 Pa. Code §2600

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

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

On 4/26/12 staff person A, the home's administrator, witnessed an incident of resident to resident abuse between residents #1 and #5. The incident was not reported to the Department until 5/12/12 at the direction of the Department.

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

All parties involved have been told that resident abuse will not be tolerated, and a 30 day notice will be given if they do not comply. As for me the administrator witnessing this. I did not see this. Another resident told someone else about it and they told you DPW about it at which time I told them I saw nothing. So if I do witness abuse of any kind in the future I will report it. We are very sorry and this will not happen again

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 7-21-12

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

The above plan of correction is approved as of _____ (Date)

Verification of Legal Entity Representative Signature _____ (Date)

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

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

Violation Report: 42888 - 05/12/2012 - Ropen, Dennis

AUG 8 2012

SEP 24 2012

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's assigned person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Western Field Office Adult Residential Licensing Western Field Office Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

I am very sorry for not having this form signed, Resident # 3. moved so less than 30 days before D.P.W. showed up and the form was overlooked. I will make sure this form is signed + dated by all residents upon moving in to our home. And all records will be kept. This resident moved out before 30 days. All residents right are also posted.

9-15-12 - The Administrator will review all resident records to ensure that all residents have signed a statement acknowledging receipt of a copy of the resident rights and complaint procedures. 9-4-12

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) Lucinda Stewart Date 7-27-12

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

The above plan of correction is approved as of 9-4-12 (Date)

Verification of Legal Entity Representative Signature 9-4-12 (Date)

- Fully Implemented
Partially Implemented - Adequate Progress 9-4-12
Partially Implemented - Inadequate Progress
Not Implemented

The above plan of correction was approved by (Initials)

Violation Report: 42888 - 05/12/2012 - Repon, Dennis

AUG 8 2012 12 4 2012

1. REGULATION 55 Pa.Code §2600

2600 42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Western Field Office
Adult Residential Licensee/Child Licensing

2. DESCRIPTION OF VIOLATION

On 5/1/12 staff person A, the home's administrator, prohibited resident #1 from leaving the home for one day for returning to the home at 10:30 p.m. on 5/1/12.

On 5/8/12 staff person A, the home's administrator, prohibited residents #1 through #4 from leaving the home because the home's television remote control could not be located.

During the week of 5/7/12 staff person A, the home's administrator, prohibited residents #1 and #3 from leaving the home for one day because they were walking around the neighborhood.

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.

*we are very sorry for telling resident to be home before dark when [redacted] was walking home. [redacted] now comes home when [redacted] wants.
*we are very sorry for not allowing the resident to leave when the remote could not be found. we have placed the remote where it can always be found. we will not tell the residents they cannot leave.
* we are very sorry for telling the residents they cannot walk around the town. All residents come +50 as

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 7-21-12

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

The above plan of correction is approved as of 9-4-12 (Date)

Verification of Legal Entity Representative Signature 9-4-12 (Date)

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

- Fully Implemented
- Partially implemented - Adequate Progress 9-4-12 g
- Partially implemented - Inadequate Progress
- Not implemented

Violation Report: 42888 - 05/12/2012 - Ropon, Dennis JUL 8 2012 JUL 24 2012

1. REGULATION 55 Pa.Code §2600 Western Field Office Western Field Office
 2600.42(c) - A resident shall be treated with dignity and respect. Adult Residential Licensing

2. DESCRIPTION OF VIOLATION
 On 5/12/12 the home served 9 residents. The home has a bathroom on the first floor with one toilet and a second bathroom on the first floor off of the kitchen. Residents are required to ask permission to use the bathroom off of the kitchen and do not have direct access to the second toilet, sink and wall mirror.

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.

We are very sorry. The residents are now ~~also~~ informed that they can enter the bathroom from the side door with out our permission, when they need to. There for they have a second toilet, sink, + mirror for their personal use. This is the bathroom off of the kitchen

See pg 7A

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
Lecurda Stewart		7-21-12

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

The above plan of correction is approved as of <u>9-4-12</u> (Date)	Verification of Legal Entity Representative Signature <u>9-4-12</u> (Date)
The above plan of correction was approved by <u>g</u> (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>9-4-12</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42685 - 05/12/2012 - Rapon, Dennis

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2600.42(c) - A resident shall be treated with dignity and respect.

2. DESCRIPTION OF VIOLATION

On 5/12/12 the home served 9 residents. The home has a bathroom on the first floor with one toilet and a second bathroom on the first floor off of the kitchen. Residents are required to ask permission to use the bathroom off of the kitchen and do not have direct access to the second toilet, sink and wall mirror.

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.

Immediately - Residents will have access to the bathrooms as specified in regulation 2600.102a and 2600.102b and will not be required to walk outside the home to access a bathroom.

9/15/12 - All residents will be educated on their right to dignity and respect including having access to bathrooms in accordance with regulation 2600.102a and 2600.102b. Documentation of education will be kept.

10/15/12 - Staff person A will complete at least three hours of education by an outside source approved by the Department on resident rights to improve the quality of life for residents. The education will include the resident's right to dignity and respect.

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)

Lucinda Jewett

Date 8-8-12

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

The above plan of correction is approved as of

9-4-12
(Date)

Verification of Legal Entity Representative Signature

(Date)

The above plan of correction was approved by

J
(Initials)

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

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RECEIVED

JUL 8 2012

JUL 24 2012

Violation Report: 42685 - 05/12/2012 - Roop, Dennis

Western Field Office
Adult Residential Licensing
Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa. Code §2600

2830.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2. DESCRIPTION OF VIOLATION

The week of 11/6/11 resident #1 was required to use a pay telephone in the home to make local telephone calls and was not permitted to the home's non-pay telephone to make local telephone calls.

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.

We have left the residents use the cordless phone it has unlimited long distance the pay phone has been unplugged.
We are very sorry we were not aware that a pay phone was not permitted
This will not happen again

See page 8

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)

Lucinda Dewalt

Date: *7-21-12*

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

The above plan of correction is approved as of <u>9-4-12</u> (Date)	Verification of Legal Entity Representative Signature <u>9-4-12</u> (Date)
The above plan of correction was approved by <u>[initials]</u> (Initials)	<input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>9-4-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42685 - 05/12/2012 - Rapor, Dennis

AUG 8 2012

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2. DESCRIPTION OF VIOLATION

The week of 11/8/11 resident #1 was required to use a pay telephone in the home to make local telephone calls and was not permitted to the home's non-pay telephone to make local telephone calls.

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.

9/15/12 - All residents will be educated that they have access to a telephone in the home to make calls in privacy and non-toll telephone calls shall be without charge. Documentation of education will be kept.

10/15/12 - Staff person B will complete at least three hours of education by an outside source approved by the Department on resident rights to improve the quality of life for residents. The education will include the resident's right to freely communicate with others and have access to make and receive local telephone calls without charge.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

[Handwritten Name]

Date *8-8-12*

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

The above plan of correction is approved as of

9-4-12
(Date)

Verification of Legal Entity Representative Signature

(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

1. REGULATION 65 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

On 5/1/12 staff person A, the home's administrator prohibited resident #1 from leaving the home for one day for returning to the home at 10:30 p.m. on 5/1/12.

On 5/6/12 staff person A, the home's administrator, prohibited residents #1 through #4 from leaving the home because the home's television remote control could not be located.

During the week of 5/7/12 staff person A, the home's administrator, prohibited residents #1 and #3 from leaving the home for one day because they were walking around the neighborhood.

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

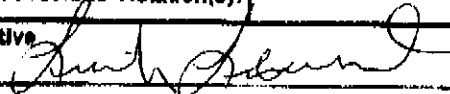
9/15/12 - All direct care staff and management staff including the administrator will receive training in abuse reporting and prevention from a Department-approved outside source. Documentation of training will be kept.

9/15/12 - All residents will be educated on their right to leave and return to the home at times consistent with the home rules and the resident's support plan. Documentation of education will be kept.

9/15/12 - The administrator will interview at least three residents a month for the months of September 2012, October 2012 and November 2012 and biannually for two years to ensure no residents are neglected, intimidated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of interviews will be kept.

10/15/12 - Staff person A will complete at least 3 hours of training related to the provision of services to people with mental illness including behavioral management and positive behavioral modification techniques from a professional trainer or mental health professional approved by the Department. The administrator will provide documentation of training to the Department's Western Regional Office.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Lucinda Jewart	8-8-12

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

The above plan of correction is approved as of <u>9-4-12</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: 42885 - 05/12/2012 - Ropon, Dennis

Western Field Office Adult Residential Licensing

1. REGULATION 65 Pa.Code §2600

2600.42(m) - A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

2. DESCRIPTION OF VIOLATION

On 5/1/12 staff person A, the home's administrator, prohibited resident #1 from leaving the home for one day for returning to the home at 10:30 p.m. on 5/1/12.

On 5/6/12 staff person A, the home's administrator, prohibited residents #1 through #4 from leaving the home because the home's television remote control could not be located.

During the week of 5/7/12 staff person A, the home's administrator, prohibited residents #1 and #3 from leaving the home for one day because they were walking around the neighborhood.

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

* This resident & all other residents are permitted to leave and come home whenever they want to.

* All resident are now permitted to leave when they want to. The remote has been placed where it won't get misplaced

* All resident are permitted to walk where they like. We are very sorry and will not let this happen again

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) Lucinda Stewart Date 7-27-12

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

The above plan of correction is approved as of 9-4-12 (Date)

The above plan of correction was approved by (Initials)

Verification of Legal Entity Representative Signature 9-4-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 9-4-12
- Partially Implemented - Inadequate Progress
- Not Implemented

See page 9A

Violation Report: 42685 - 06/12/2012 - Rojon, Dennis

7/11/12 8/2012

1. REGULATION 55 Pa. Code §2800

2800.42(m) - A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

On 5/1/12 staff person A, the home's administrator, prohibited resident #1 from leaving the home for one day for returning to the home at 10:30 p.m. on 5/1/12.

On 5/6/12 staff person A, the home's administrator, prohibited residents #1 through #4 from leaving the home because the home's television remote control could not be located.

During the week of 5/7/12 staff person A, the home's administrator, prohibited residents #1 and #3 from leaving the home for one day because they were walking around the neighborhood.

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.

9/15/12 - All direct care staff and management staff including the administrator will receive training in abuse reporting and prevention from a Department-approved outside source. Documentation of training will be kept.

9/15/12 - All residents will be educated on their right to leave and return to the home at times consistent with the home rules and the resident's support plan. Documentation of education will be kept.

9/15/12 - The administrator will interview at least three residents a month for the months of September 2012, October 2012 and November 2012 and biannually for two years to ensure no residents are neglected, intimidated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of interviews will be kept.

10/15/12 - Staff person A will complete at least 3 hours of training related to the provision of services to people with mental illness including behavioral management and positive behavioral modification techniques from a professional trainer or mental health professional approved by the Department. The administrator will provide documentation of training to the Department's Western Regional Office.

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 8-8-12

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

The above plan of correction is approved as of 9-4-12 (Date)

Verification of Legal Entity Representative Signature _____ (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: 42885 - 05/12/2012 - Repon, Dennis

RECEIVED JUN 24 2012

1. REGULATION 55 Pa.Code §2600

2600.86(a) - A staff training plan shall be developed annually.

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

The home does not have staff training plans for 2011 or 2012.

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

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

The home has a training schedule for each month. 2HR long a copy is included. All ^{staff} is in attendance. This form is now where it can be found ~~under~~ so every one can see the schedule. when needed We are very sorry that it was not able to be found when D.P.W. came out. It will be available.

See Page 10A

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 7-21-12

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9-4-12 (Date)

Verification of Legal Entity Representative Signature

9-4-12 (Date)

The above plan of correction was approved by

(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 9-4-12
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 05/12/2012 - Repon, Dennis

8 2012

1. REGULATION 55 Pa.Code §2660

2600.66(a) - A staff training plan shall be developed annually.

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

The home does not have staff training plans for 2011 or 2012.

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.

9/15/12 - The administrator or designated staff person will develop a staff training plan in accordance with regulations 2600.66a and 2600.26b.

9/15/12 - The administrator or designated staff person will ensure an annual staff training plan is developed in accordance with regulations 2600.66a and 2600.26b.

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)

Linda Desart

Date 8-8-12

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

The above plan of correction is approved as of

9-4-12
(Date)

Verification of Legal Entity Representative Signature

(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 42686 - 05/12/2012 - Ropon, Dennis

8-2012

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

8-24-2012

2. DESCRIPTION OF VIOLATION

Regulation: 2600.102a - There shall be at least one functioning flush toilet for every six or fewer users, including residents, staff persons and household members.

On 5/12/12 the home served 8 residents. The home has a bathroom on the first floor with one toilet and a second bathroom on the first floor off of the kitchen. Residents are required to ask permission to use the bathroom off of the kitchen and do not have direct access to the second toilet.

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

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

The bathroom off the kitchen all residents have been informed that they can use it by using the side entrance when they need to. This is without our permission. They also have use of this toilet, sink & mirror

See page 11A

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)

Lucinda Stewart

Date 7-21-12

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

The above plan of correction is approved as of

9-4-12
(Date)

Verification of Legal Entity Representative Signature

9-4-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 9-4-12
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature] (Initials)

AUG 8 2012

Page 11 of 17

Violation Report: 42685 - 05/12/2012 - Rojon, Dennis

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

Regulation: 2600.102a - There shall be at least one functioning flush toilet for every six or fewer users, including residents, staff persons and household members.

On 5/12/12 the home served 6 residents. The home has a bathroom on the first floor with one toilet and a second bathroom on the first floor off of the kitchen. Residents are required to ask permission to use the bathroom off of the kitchen and do not have direct access to the second toilet.

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.

Immediately - Residents will have access to the bathrooms as specified in regulation 2600.102a and will not be required to walk outside the home to access a bathroom.

9/15/12 - All residents will be educated on their right to dignity and respect including having access to bathrooms in accordance with regulation 2600.102a. Documentation of education will be kept.

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 8-8-12

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

The above plan of correction is approved as of 9-4-12
(Date)

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

Verification of Legal Entity Representative Signature (Date)

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

8, 2012

Page 12 of 17

Violation Report: 42885 - 05/12/2012 - Rapon, Dennis

9-24-2012

1. REGULATION 65 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2600.102(b) - There shall be at least one sink and wall mirror for every six or fewer users including residents, staff persons and household members.

2. DESCRIPTION OF VIOLATION

On 5/12/12 the home served 9 residents. The home has a bathroom on the first floor with one sink and wall mirror and a second bathroom on the first floor off of the kitchen. Residents are required to ask permission to use the bathroom off of the kitchen and do not have direct access to the second sink and mirror

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

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

The residents have all been told if they need to use the restroom and the other restroom is occupied. They can use the side entrance to the bathroom off the kitchen. They do not need permission. This has the second sink, toilet and mirror. We are sorry this will not happen again

See page 124

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 7-21-12

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

The above plan of correction is approved as of 9-4-12 (Date)

Verification of Legal Entity Representative Signature 9-4-12 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 9-4-12
- Partially Implemented - Inadequate Progress
- Not Implemented

8 2012

Violation Report: 42885 - 05/12/2012 - Rapon, Dennis

1. REGULATION 85 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2600.102(b) - There shall be at least one sink and wall mirror for every six or fewer users including residents, staff persons and household members.

2. DESCRIPTION OF VIOLATION

On 5/12/12 the home served 9 residents. The home has a bathroom on the first floor with one sink and wall mirror and a second bathroom on the first floor off of the kitchen. Residents are required to seek permission to use the bathroom off of the kitchen and do not have direct access to the second sink and mirror.

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.

Immediately - Residents will have access to the bathrooms as specified in regulation 2600.102b and will not be required to walk outside the home to access a bathroom.

9/15/12 - All residents will be educated on their right to dignity and respect including having access to bathrooms in accordance with regulation 2600.102b. Documentation of education will be kept.

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 8-8-12

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

The above plan of correction is approved as of 9-4-12
(Date)

Verification of Legal Entity Representative Signature
(Date)

The above plan of correction was approved by
(Initials)

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

Violation Report: 42685 - 06/12/2012 - Rojon, Dennis

1. REGULATION 55 Pa.Code §2600

Western Field Office JUL 24 2012

2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

Adult Residential Licensing

Western Field Office

Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

Resident #3's most recent medical evaluation was completed on 11/22/10.

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

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

The eval for Resident #3 is what [redacted] came with [redacted] just moved in we had to wait til DR Appt. To get new eval we are very sorry for the mistake. We will not do this again

See page 13A

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/15/2012

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

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

Lucinda Stewart

Date

7-21-12

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

The above plan of correction is approved as of

9-4-12 (Date)

Verification of Legal Entity Representative Signature

9-4-12 (Date)

The above plan of correction was approved by

[Handwritten Initials] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 9-4-12
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 06/12/2012 - Roop, Dennis

1. REGULATION 55 Pa.Code §2600

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

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

Resident #3's most recent medical evaluation was completed on 11/22/10.

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

9/15/12 - Resident #3 will have an in-person medical evaluation completed by a physician, physician's assistant or nurse practitioner.

9/15/12 - The administrator or designated staff person will review all resident records to ensure a medical evaluation has been completed for all residents at least within the past year.

9/15/12 - All staff persons involved with the medical evaluation process will be educated that a medical evaluation shall be completed at least annually. Documentation of education shall be kept.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/15/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Richard Dewert

Date 8-8-12

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

The above plan of correction is approved as of 9-4-12
(Date)

Verification of Legal Entity Representative Signature _____
(Date)

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

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

RECEIVED

Violation Report: 42885 - 05/12/2012 - Rojon, Dennis

RECEIVED

1. REGULATION 55 Pa.Code §2800

Western Field Office

JUL 24 2012

2800.187(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.

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

On 5/1/12 at 2:00 p.m. staff person C administered medications to all resident in the home; however, staff person A signed the medication administration record indicating that he/she administered the medications.

On 5/5/12 at 2:00 p.m. staff person B administered medications to all the resident in the home; however, staff person A signed the medication administration record indicating that he/she administered the medications.

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

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

All staff has been med trained so all can pass needs all will sign when they pass needs. I am very sorry for the mistake I was not aware that when I the administrator poured the med and asked the girl to give it to the resident that they had to sign. I now know. They pass they sign there for. This will not happen again

See page 14A

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 7-21-12

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

The above plan of correction is approved as of 9-4-12 (Date)

Verification of Legal Entity Representative Signature 9-4-12 (Date)

The above plan of correction was approved by (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 9-4-12
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42885 - 05/12/2012 - Ropen, Dennis

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

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

On 5/1/12 at 2:00 p.m. staff person C administered medications to all resident in the home; however, staff person A signed the medication administration record indicating that he/she administered the medications.

On 5/5/12 at 2:00 p.m. staff person B administered medications to all the resident in the home; however, staff person A signed the medication administration record indicating that he/she administered the medications.

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

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

9/15/12 - The administrator or a qualified staff person qualified to administer medications will monitor medication administration at least once weekly for three month to ensure the prop procedures for medication administration and documentation are followed. Documentation of monitoring will be kept.

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 8-8-12

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

The above plan of correction is approved as of 9-4-12 (Date)

Verification of Legal Entity Representative Signature (Date)

The above plan of correction was approved by (Initials)

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

RECEIVED
RECEIVED

8 2012

Violation Report: 42685 - 06/12/2012 - Repon, Dennis

JUL 24 2012

1. REGULATION 66 Pa.Code §2600

Western Field Office
Adult Residential Licensing

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

Staff person C administered medications to residents on 5/1/12 at 2:00 p.m. Staff person B has not successfully completed the Department-approved medications administration course.

Staff person B administered medications to residents on 5/1/12 at 2:00 p.m. Staff person B has not successfully completed the Department-approved medications administration course.

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 staff has completed med training
I am very sorry I did not realize that
when I poured (admin) that when I asked
an employee to hand it out she had to
sign the book- Therefore this will never
happen again

See page 15A

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

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

The above plan of correction is approved as of	<u>9-4-12</u> (Date)	Verification of Legal Entity Representative Signature	<u>9-4-12</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 <u>9-4-12</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 42666 - 05/12/2012 - Rapon, Dennis

1. REGULATION 66 Pa.Code §2800

Western Field Office
Adult Residential Licensing

2800.190(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

Staff person C administered medications to residents on 5/1/12 at 2:00 p.m. Staff person B has not successfully completed the Department-approved medications administration course.

Staff person B administered medications to residents on 5/1/12 at 2:00 p.m. Staff person B has not successfully completed the Department-approved medications administration course.

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.

9/1/12 - The administrator or designated staff person will review the records for all staff persons administering medications to ensure all staff persons administering medications are qualified to administer medications.

9/1/12 - The administrator or designated staff person will review the records for all staff persons administering medications through the quality management review to ensure all staff persons administering medications continue to meet the qualifications in order to administer medications.

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)

Barbara D. Lewert

Date

8-8-12

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

The above plan of correction is approved as of

9-4-12
(Date)

Verification of Legal Entity Representative Signature

(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 42685 - 05/12/2012 - Rapon, Dennis

JUL 24 2012

1. REGULATION 66 Pa.Code §2600

Western Field Office
Adult Residential Licensing
Western Field Office
Adult Residential Licensing

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 #1's assessment, dated 11/7/11, does not indicate the resident's allergy to bee stings indicated on the resident's medical evaluation dated 11/1/11.

Resident #4's assessment, dated 4/27/12, has not been updated to include the resident's behavioral problems. On 5/8/12 resident #4 struck resident #3 and on 5/9/12 resident #4 struck resident #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.

Sorry for the mistake I will make sure that any and all problems are marked on eval as they arise This has been corrected and will not happen again.

Sorry for this mistake I have corrected it on [redacted] eval and will continue to update as needed. This will not happen again

See page 16A

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 7-21-12

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

The above plan of correction is approved as of 9-4-12 (Date)

Verification of Legal Entity Representative Signature 9-12-12 (Date)

The above plan of correction was approved by (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 9-12-12
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 05/12/2012 - Ropon, Dennis

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.226(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 #1's assessment, dated 11/7/11, does not indicate the resident's allergy to bee stings indicated on the resident's medical evaluation dated 11/1/11.

Resident #4's assessment, dated 4/27/12, has not been updated to include the resident's behavioral problems. On 5/8/12 resident #4 struck resident #3 and on 5/9/12 resident #4 struck resident #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.

9/15/12 - The administrator or designated staff person will review all current and newly completed resident assessments to ensure all required documentation including allergies and behavioral problems are indicated on the resident's assessments.

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)

Handwritten name and title of legal entity representative

Date 8-8-12

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

The above plan of correction is approved as of

9-4-12
(Date)

Verification of Legal Entity Representative Signature

(Date)

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

The above plan of correction was approved by

Handwritten initials
(Initials)

Violation Report: 42865 - 05/12/2012 - Repon, Dennis

APR 24 2012

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing
Western Field Office
Adult Residential Licensing

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2. DESCRIPTION OF VIOLATION

Resident #4's support plan, dated 4/27/12, was not updated to include the behavioral care and services the home will provide to the resident. On 5/8/12 resident #4 struck resident #3 and on 5/9/12 resident #4 struck resident #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.

Resident #4 support plan has been updated all persons have been notified of [redacted] behavior problem. Resident has been told that we will not tolerate hitting. [redacted] is now being compliant. This was an adjustmet period for [redacted] was in the VA hospital and forgot a time. [redacted] is adjusting well. We monitor [redacted] daily. We will continue to update [redacted] and all support plans when needed.

We are very sorry and will continue to keep things up to date

SAC PAGE 17A

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 7-21-12

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

The above plan of correction is approved as of 9-4-12 (Date) Verification of Legal Entity Representative Signature 9-12-12 (Date)

- Fully Implemented
Partially Implemented - Adequate Progress 9-12-12g
Partially Implemented - Inadequate Progress
Not Implemented

The above plan of correction was approved by (Initials)

Violation Report: 42885 - 05/12/2012 - Roper, Dennis

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2. DESCRIPTION OF VIOLATION

Resident #4's support plan, dated 4/27/12, was not updated to include the behavioral care and services the home will provide to the resident. On 5/8/12 resident #4 struck resident #3 and on 5/9/12 resident #4 struck resident #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.

9/15/12 - The administrator or designated staff person will review all current and newly completed resident support plans to ensure all required documentation including behavioral care and services are indicated on the resident's support plan.

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)

Lawrence Lewis

Date

8-8-12

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

The above plan of correction is approved as of

9-4-12
(Date)

Verification of Legal Entity Representative Signature

(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 42685 - 08/10/2012 - Pollock, Susan
PCH Name: JEWART S WHISPERING PINES MANOR

AUG 27 2012

1. REGULATION 55 Pa.Code §2600
2600.93(b) - Each porch must have a well-secured railing.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The side porch leading to the designated smoking area has an unstable and loose railing that wobbles an inch from side to side.

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.

Admin checked rail - new brace installed
8-27-12 - will continue to monitor &

check railings regularly

9-15-12 The Administrator or designated staff person will check all railings at least monthly to ensure all railings are well-secured. 8-30-12g

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/15/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 8-27-12

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

The above plan of correction is approved as of 9-4-12
(Date)

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

Plan of correction implementation status as of 9-4-12
(Date)

Fully Implemented
 Partially Implemented - Adequate Progress 9-4-12
 Partially Implemented - Inadequate Progress
 Not Implemented

AUG 27 2012

Violation Report: 42685 - 08/10/2012 - Pollock, Susan
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, ^{Western Field Office} 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 6/1/2012. A medical evaluation has not been completed for the resident.

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

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

papers have been given to DR.
will put in file w/ recieved - will make
Sure all residents get med-eval - w-in 30
days of Admission. will continue to monitor

9-30-12 Resident #1 will have an in person medical evaluation completed by a physician, physician's assistant or nurse practitioner. 9-30-12

9-15-12 The Administrator or designated state person will review all resident records to ensure a current medical evaluation has been completed for all residents. 9-30-12

9-15-12 The Administrator or designated state person will review all newly admitted resident records to ensure a medical evaluation is completed within 60 days prior to admission or within 30 days after admission. 9-30-12

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 8-27-12

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

The above plan of correction is approved as of 9-4-12
(Date)

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

Plan of correction implementation status as of 9-12-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 9-12-12
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 08/10/2012 - Pollock, Susan
PCH Name: JEWART S WHISPERING PINES MANOR

AUG 27 2012

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Western Field Office

2a. DESCRIPTION OF VIOLATION

On 8/10/12, at approximately 1:30 p.m. resident #2 was observed smoking out of the designated smoking area on the side porch landing adjacent to the family room exit/entrance door.

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.

Resident was reminded while DPW worker was here that there is to be NO smoking on that porch. Signs are posted and residents are reminded regularly - will continue to monitor - + correct when needed.

9-15-12 All residents and staff persons will be educated on the homes smoking policy and procedures. Documentation of education will be kept. 9-30-12

9-15-12 The administrator or designated staff person will check the home daily on each shift to ensure the homes smoking policy and procedures are being followed. 9-30-12

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/15/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Humidejewart

Date

8-27-12

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

The above plan of correction is approved as of

9-4-12
(Date)

Plan of correction implementation status as of

9-4-12
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 9-4-12

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

(Initials)

AUG 27 2012

Violation Report: 42685 - 08/10/2012 - Pollock, Susan
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's menu was 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.

menue was posted [redacted] removed to look at found it in [redacted] room. will remind residents menu is to be left on Bulletin Board will monitor Daily.

9-15-12 Daily monitoring will be completed on each shift by a designated staff person. 9-20-12

9-15-12 The Administrator will check the home at least twice a week to ensure menus are posted in accordance with regulation 2600.162c. 8-30-12

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/15/2012

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lucinda Jewart Date 8-27-12

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

The above plan of correction is approved as of 9-4-12 (Date)

Plan of correction implementation status as of 9-4-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 9-4-12
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42685 - 08/10/2012 - Pollock, Susan
PCH Name: JEWART S WHISPERING PINES MANOR

AUG 27 2012

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.

Western Field Office

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 6/1/2012. The home has not completed an initial assessment for resident #1.

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.

This was completed - just misplaced will make sure all forms are put where they belong when completed. will continue to monitor

9-15-12 - The Administrator or designated staff person will review all resident records to ensure all residents have a current assessment completed and the assessment is in the resident's records. 9-30-12

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/15/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

[Handwritten Name: Linda Dewert]

Date

[Handwritten Date: 8-27-12]

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

The above plan of correction is approved as of

9-4-12
(Date)

Plan of correction implementation status as of

9-4-12
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Handwritten: 9-4-12]*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Violation Report: 42685 - 08/10/2012 - Pollock, Susan
PCH Name: JEWART S WHISPERING PINES MANOR

AUG 27 2012

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.

Western Field Office
Accreditation/Compliance

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home on 6/1/2012. The home has not developed a support plan for the resident.

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

This was completed just misplaced
will make sure when forms are completed
they are put in residents files - will continue
to monitor

9-15-12 The Administrator or designated staff person will update resident #13 support plan to include the care and services the home will provide related to the resident's problems with schizophrenia, depression and bipolar disorder; the residents - barcos for his/her part and obtain the proper signatures. 8-20-12
9-15-12 The Administrator or designated staff person will review all resident records to ensure all residents have a current and accurate support plan completed and the support plan is in the resident's record. 8-30-12

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

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

The above plan of correction is approved as of <u>9-4-12</u> (Date)	Plan of correction implementation status as of <u>9-4-12</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 9-4-12 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented