

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PITTSTON HEAVENLY MANOR, INC.

LEGAL ENTITY

To operate PITTSTON HEAVENLY MANOR

NAME OF FACILITY OR AGENCY

Located at 51 NORTH MAIN STREET, PITTSTON, PA 18640

(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 55  
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 August 1, 2012 until February 1, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 218691

*Robert E. Robinson*

ISSUING OFFICER

*RC [Signature]*

DIRECTOR

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

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

**AUG 01 2012**

Mr. Frank Minelli, Owner/Administrator  
Pittston Heavenly Manor, Inc.  
Pittston Heavenly Manor  
51 North Main Street  
Pittston, Pennsylvania 18640

Dear Mr. Minelli:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 29, 2012 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
125a	II	50	\$5	\$250	5 calendar days from mailing date of this letter
186c	II	50	\$5	\$250	5 calendar days from mailing date of this letter
187d	II	50	\$5	\$250	5 calendar days from mailing date of this letter
57d	III	50	\$3	\$150	15 calendar days from mailing date of this letter
144c2	III	50	\$3	\$150	15 calendar days from mailing date of this letter
187a	III	50	\$3	\$150	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

Mr. Frank Minelli

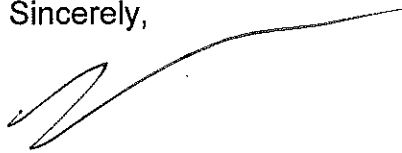
3

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Adult Residential Licensing  
Department of Public Welfare  
Room 631 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

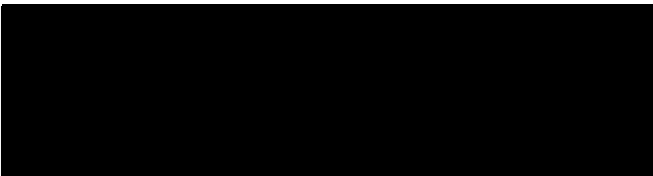
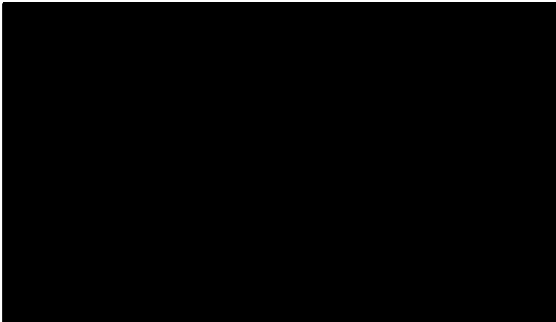
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: PITTSTON HEAVENLY MANOR		License Number: 218690
Address: 51 NORTH MAIN STREET, PITTSTON, PA 18640		County: Luzerne
Administrator: Amy LaMarca		Region: NORTH
Legal Entity Name: PITTSTON HEAVENLY MANOR INC		
Legal Entity Address: 51 NORTH MAIN STREET, PITTSTON, PA 18640		
<b>Certificate(s) of Occupancy</b> C-2 LP 05/10/1999 Comm of Pa L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number: n/a	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
05/29/2012: Bloch, Betty; Rushin, Julienne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: n/a		Random Indicators: n/a
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 55 Number of Residents Served: 50 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	<b>Number of Residents who:</b> 	

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

On 5/29/12 at 9:00 am the home's 5/24/11 and 12/5/11 violation reports were 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.

The violations were posted at time of inspection. They are posted in a conspicuous & public place. Staff instructed that copies must be available and posted in a public place in the home. In future staff & supervisor will check information board to ensure proper and all documentation available and easily accessed.

5/29/12

Adm will check at least monthly to insure compliance. EQ 7-9-12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burke* assistant administrator Date *6/08/12*

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

The above plan of correction is approved as of <u>7-9-12</u> (Date)	Plan of correction implementation status as of <u>7-9-12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

At the time of inspection, the Pennsylvania Criminal History Check was not completed for staff person A, who was hired as the home's administrator on 9/1/11. It was completed by the home on 5/30/12. The home retained the employee beyond the 30-day provisional hiring period.

**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.*

*Staff Person A did have background at time of hire. It was misplaced. Obtained new background check for staff member A on 5/30/12 sent via fax to inspector. In future administrator will maintain orderly files and ensure background checks are <sup>performed</sup> ~~performed~~ obtained in timely manner with state (DPW) compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michelle Burkett*

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

*Michelle Burkett, LPN*

Date *6/12/12*

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The above plan of correction is approved as of

7-9-12  
(Date)

Plan of correction implementation status as of

7-9-12  
(Date)

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

The above plan of correction was approved by

*CB*  
(Initials)

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

**2a. DESCRIPTION OF VIOLATION**

On 5/22/12, there were 53 of residents in the home. On this day, only 50.5 hours of direct care staffing was provided.

**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 schedule was reviewed to ensure correct amount of hours of care were provided for residents. In future scheduler / administrator will ensure the schedule meets needs of resident. The amount was correct @ time of inspection for date above.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michelle Birkel*

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

*Michelle Birkel RN*

Date *6/12/12*

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

The above plan of correction is approved as of 7-9-12  
(Date)

Plan of correction implementation status as of 7-9-12  
(Date)

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

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

**2a. DESCRIPTION OF VIOLATION**

On 5/22/12, a total of 39.75 hours of direct care was required. However, only 36.50 of the required hours were provided during waking hours.

Repeated Violation - 5/24/11

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

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

Our records show for 5/22/12 that there is 42.00 hours for required direct care service. Services were not for this day. Enclosed copy of schedule. An future schedule is maintained & appropriate number of hours for resident care by scheduler/administrator

\* The home must account for the staff that are performing cleaning duties, ancillary duties, staff breaks and staff meal times. Only time that is available to meet ADL & IADL resident needs may be included in the home's staffing calculations.

QR 7-17-12.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/24/2011

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michelle Burke LPN*

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

*Michelle Burke LPN*

Date 6/12/12

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

The above plan of correction is approved as of 7-17-12  
(Date)

Plan of correction implementation status as of 7-17-12  
(Date)

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

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

**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.

**2a. DESCRIPTION OF VIOLATION**

On 5/22/12, from 3:00 pm to 11:00 pm, 53 residents were present in the home. During this time only staff person B was present in the home that was certified in first aid and certified in obstructed airway techniques and CPR.

On 5/26/12, from 7:00 am to 11:00 pm, 50 residents were present in the home. During this time there was not a staff person who was present in the home that was certified in first aid and certified in obstructed airway techniques and CPR.

At the time of inspection, staff persons A, Administrator, and C, General Manager, were unable to provide certifications for first aid/CPR/obstructed airway techniques certifications for staff persons working these shifts.

**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.*

Required staff present needed to have CPR were certified post meeting and all other certifications were recovered. Copies enclosed of CPR certification. The staff are to attend re certification in June, in future mandatory inservice to attend CPR certification and supervisor ~~administrate~~ <sup>administrate</sup> to monitor who needs to be re-certified. Schedule arranged according to needs to ensure proper amount of staff that are trained.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michelle Burke*

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

*Michelle Burke assistant Administrator*

Date *6/08/12*

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

The above plan of correction is approved as of 7-9-12  
(Date)

Plan of correction implementation status as of 7-9-12  
(Date)

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

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:  
 (1) An orientation program approved and administered by the Department.  
 (2) A 100-hour standardized Department-approved administrator training course.  
 (3) A Department-approved competency-based training test with a passing score.

**2a. DESCRIPTION OF VIOLATION**

Staff person A did not complete the required administrator's orientation program. Staff person A was hired as the home's administrator on 9/1/11.

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

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

*Staff member A did receive orientation program. Copy of Certificate attached. In future, will keep all information for administrators in designated in office*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke God*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke CN assistant administrator* Date *6/08/12*

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

**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.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B (hired 3/3/08) did not receive the required 2011 annual training in The Older Adult Protective Services Act.

Ancillary staff person D (hired 7/2/08) did not receive the required 2011 annual trainings in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, The Older Adult Protective Services Act, Falls and Accident Prevention, and new population groups that are being served at the home that were not previous served, if applicable.

The 2011 training year was identified as 1/1/11 through 12/31/11 by staff person A, who is the administrator.

**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.*

Direct care staff person B received annual training for The Older Protective Services Act.

Ancillary staff person D received annual training for resident rights, The Older Adult Protective Services Act, Falls & Accident Prevention & new population groups.

In future will have all staff attend in services for annual training and check to see who needs to be called for completion by administrator.

Adm will develop & maintain a system to insure all staff are trained as required.

7-9-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michelle Burke*

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

*Michelle Burke LPN assistant administrator*

Date *6/08/12*

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The above plan of correction is approved as of 7-9-12  
(Date)

Plan of correction implementation status as of 7-9-12  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**

Two of the six lids on the commercial trash receptacle, located at the rear of the home and adjacent to the designated outside smoking location, did not fit the bin tightly which allowed for the possible penetration of insects and rodents. Each lid had at least one area on it that measured up to 5" high between the edge of the lid and the top of the bin. The receptacle had bags of garbage in it at the time of inspection.

**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.

*5/30/12 call placed to Pittston Municipal about getting new lids for dumpsters awaiting call. Projected time will be fixed 7/08/12, due to waiting for municipal to fix it. Elr Fedeus administrator will see that dumpster is in good condition*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Supervisor</i>	Date <i>6/25/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 A ceiling block was missing in the common women's restroom, located in the first floor lobby, exposing pipes and insulation.

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.

Ceiling block replaced as evidenced by photo; enforcements routine inspections of rooms by staff members to ensure all areas and ceiling are appropriate. Pictures taken awaiting development will fax to department to be received by 7/08/12

Adm or designee must perform walk-through of building to measure compliance on a weekly basis. EQ 7-9-12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burkhardt LPN Assistant Administrator</i>	Date <i>6/08/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7-9-12  
 (Date)

Plan of correction implementation status as of 7-9-12  
 (Date)

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

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 Resident rooms #211 and #302 had bedside lamps with broken light bulbs.

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.

*Light bulbs were replaced at time of inspection. Daily routine checks of rooms to make sure all lights are functional and in good repair. In future will monitor to ensure all lights are functional.*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke, RN Assistant Administrator* Date *6/10/12*

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

The above plan of correction is approved as of 7-9-12  
 (Date)

Plan of correction implementation status as of 7-9-12  
 (Date)

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

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

**2a. DESCRIPTION OF VIOLATION**

On 5/29/12 at approximately 1:45 pm, the lint trap in the home's Kenmore dryer had an accumulation of lint on it. The drum of the dryer was cool to the touch.

**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.

*Lint from dryer was removed same day. In future administrator/supervisors will check staff/dryers to ensure lint is removed after each use of the dryer.*  
*addendum: Lint will be removed after each cycle is complete of using the dryer.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke LPD assistant administrator</i>	Date <i>6/08/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7-9-12</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>7-9-12</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
On 5/29/12 at 9:00 am, the emergency procedures for the home and the municipality in which the home is located were not posted in a conspicuous and public place in the home. Staff person A stated they are only maintained in the locked medication room.

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

Emergency procedures for the home and the municipality were copied <sup>errors</sup> ~~kept~~ and hung in public place in home. In future will ensure by administrator / supervisor will maintain the policy contents and it remains posted. Photo provided for above. Will send copy of photo via fax when develop should be received by 7/08/12

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Burke Assistant Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Burke Assistant Administrator*      Date *6/08/12*

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The above plan of correction is approved as of 7-9-12  
(Date)

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

Plan of correction implementation status as of 7-9-12  
(Date)

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Combustible and flammable materials were in three of the standing ashtrays located in the designated outside smoking location in the rear of the building. Multiple extinguished cigarette butts were in these ashtrays.  
  
 Resident #1 was observed seated in the designated outdoor smoking location with the resident's portable oxygen tank beside his/her wheelchair. Several residents were observed smoking in this area at this time.

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.

Ashtray traps are to be emptied at least every week by housekeeping or other direct care member. Resident's were explained to the danger of flammable material and smoking even with the device off. The oxygen is to remain in building in stabilized ~~carrier~~ <sup>pressure</sup> carrier while resident goes outside to smoke. Policy instituted for above Oxygen general rules & procedures and also while smoking; Enclosed copy of policy. In future, will adhere to policy and explain to each resident the need for same. Water will be in all cars at all times. Adm will check weekly to insure compliance Q 7-9-12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/05/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Buels*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Buels assistant administrator* Date *6/08/12*

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The above plan of correction is approved as of <u>7-9-12</u> (Date)  The above plan of correction was approved by <u><i>CB</i></u> (Initials)	Plan of correction implementation status as of <u>7-9-12</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

It was determined through an interview with staff person A, who is the administrator, that the fire drills conducted between September 2011 and May 2012 were announced to the staff person who was responsible for both pulling the fire alarm and assisting residents during the evacuation process.

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.

*There will be at least one unannounced fire drill per month. In future, administrator/supervisor will ensure these are carried out.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Bueckler, LP assistant administrator</i>	Date <i>6/08/12</i>
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The above plan of correction is approved as of 7-9-12  
 (Date)

Plan of correction implementation status as of 7-9-12  
 (Date)

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

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

At the time of inspection, the home did not have documentation that a fire safety inspection and fire drill was conducted by a fire safety expert in 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.*

5/30/12 Call placed to Fire Chief [redacted] will be out 6/28/12 to conduct inspections and fire drill. Projected time due to paperwork is 7/08/12, as future administrator will ensure fire expert is out to do yearly inspection. Fire drill rescheduled for 7/28/12 with fire chief due to emergency of fire department; paperwork to follow via fax when complete.

Please fax to 570-963-3208 upon completion. Thank you. Anne Hoyer 7-9-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michelle Burke*

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

*Michelle Burke Supervisor*

Date

*6/25/12*

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The above plan of correction is approved as of

7-9-12  
 (Date)

Plan of correction implementation status as of 7-9-12  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**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.

**2a. DESCRIPTION OF VIOLATION**

At the time of inspection, the home did not have a letter from a fire safety expert granting additional time to evacuate the building in the event of an emergency based on the construction and safety features of the home. On the following dates, the evacuation times for the fire drills were:

Date	Evacuation Time
1/12/12	4 mins.
2/09/12	3 mins. 40 sec.
3/08/12	3 mins. 05 sec.
4/02/12	5 mins. 15 sec.
5/25/12	5 mins.

**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.

5/30/12 call placed to Fire Chief [redacted] will issue new documentation for extension of time at time of inspection for exact time frames on 6/28/12. in future administration will ensure <sup>union</sup> ~~fire~~ information updated yearly with each inspection. Projected date will be 7/08/12 for new info.

Fire drill rescheduled for 7/27/12; with fire chief due to emergency of fire department; paperwork to follow via fax when complete. Fax to 913-3018 please CR 7-9-12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Buelle Supervisor* Date *6/25/12*

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

The above plan of correction is approved as of <u>7-9-12</u> (Date)	Plan of correction implementation status as of <u>7-9-12</u> (Date)
The above plan of correction was approved by <u>CB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.132(f) - Alternate exit routes shall be used during fire drills.

**2a. DESCRIPTION OF VIOLATION**

Fire drill records dated 1/12/2012 to 5/25/2012 indicate that the same exit routes, front door and stairwell, were being used.

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

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

During the next fire drill to be done, The residents and staff will use alternate routes to exit building. In the future, administrator/supervisors will ensure staff is using alternate routes with announced fire drills for evacuation.

\* The home will continue to conduct unannounced fire drills. The Adm will keep track of exits used @ each drill and ensure that alternate exits are used in subsequent drills. EG - 7-9-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michelle Buerke Assistant Administrator*

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

*Michelle Buerke / PA Assistant Administrator*

Date *6/11/12*

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The above plan of correction is approved as of

7-9-12  
(Date)

Plan of correction implementation status as of

7-9-12  
(Date)

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

The above plan of correction was approved by

*MB*  
(Initials)

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

**2a. DESCRIPTION OF VIOLATION**

The French door on the far-left side of the "TV room", which leads directly to the outside of the home, was not labeled with an "Exit" sign.

**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.

*Exit sign placed above french door access to outside  
 In future will ensure to have exits labelled  
 appropriately. Fixed 6/02/12. Will get paper with  
 picture for proof by 7/08/12.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Michelle Burke LCN*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Michelle Burke LCN*

Date

*6/12/12*

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

The above plan of correction is approved as of

7-9-12  
(Date)

Plan of correction implementation status as of

7-9-12  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**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.

**2a. DESCRIPTION OF VIOLATION**

Several cigarette butts were located on the edge of the grass alongside the common walkway leading directly into the main entrance of the home. Also, a match was under the bench located on the main walkway leading into 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.

*Corrected and cleaned at time of inspection; Staff will also do hourly checks out the front of building daily. Resident will be reminded not smoking area and instructed to where the smoking location is. In future administrator/supervisor will ensure that checks are complete and area is clean and orderly.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/24/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke Assistant administrator* Date *6/11/12*

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

The above plan of correction is approved as of <u>7-9-12</u> (Date)  The above plan of correction was approved by <u><i>MB</i></u> (Initials)	Plan of correction implementation status as of <u>7-9-12</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, who is the administrator, stated resident #2 self-administers Lovenox injections with assistance in the staff providing the medication to the resident at the prescribed times. Resident #2's most current medical evaluation (dated 4/30/12) indicates the resident cannot self-administer medications. The home was unable to provide an order from the resident's physician indicating the resident could self-administer this medication with assistance in being offered the medication at the prescribed times.

**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.

*unannounced*  
~~that~~ The medication was removed from resident #2's room and locked in med room and also administered med tech/nurse starting evening of inspection. An order of obtained for self-administration of Lovenox only on 6/11/12. Resident will come to med room and be able to self administer med. The med will remain in med room. The support plan and assessment reflect same. In future administer/med tech/supervisor will ensure there is an order for self-administration for any or all meds

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michelle Burke*

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

*Michelle Burke* assistant administrator

Date

*6/11/12*

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

The above plan of correction is approved as of

7-9-12  
 (Date)

Plan of correction implementation status as of

7-9-12  
 (Date)

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

The above plan of correction was approved by

*MB*  
 (Initials)

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

Two 16oz. containers of Balmex were found stored unattended on the desk located in the main lobby. They each had a prescription label on them, indicating they were prescribed to resident #s 3 and 4. These medications were accessible to residents.

**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 containers of balmex were removed from at the time of inspection and placed back to proper location in med room which is a locked area. In future administration/ supervision will ensure meds OTC will remain locked in med room.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nichelle Burke LPN*

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

*Nichelle Burke LPN, assistant administrator*

Date *6/11/12*

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

The above plan of correction is approved as of 7-9-12  
 (Date)

Plan of correction implementation status as of 7-9-12  
 (Date)

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

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The home's policy and procedure for medical equipment includes, "All large medical equipment (oxygen concentrators, wheelchairs, walkers, etc) will be marked with residents name and kept in their room."

On 5/29/12, at approximately 9:15 am, 5 medium sized oxygen cylinders were stored standing directly on the floor of the hallway adjacent to the "Storage Closet" and room #305. The labels on them included, "Warning: High Pressure Oxidizing gas. Vigorously accelerates combustion". In addition, the home's policy does not specify how oxygen cylinders will be stored in the residents' rooms and how and where empty oxygen cylinders will be stored until returned to the oxygen supply company.

Several wheelchairs and walkers were stored to the left and under the stairwell adjacent to room #101. Resident names were not on them.

Two walkers were stored on the floor of the third floor stairwell adjacent to room #311. Resident names were not on them.

**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.*

*Extra wheelchairs will be stored in storage closet; same for concentrators and walkers until returned to supplier. All oxygen will return to its proper holders that Oxygen supplier sends for storage and then returned accordingly to the company. There will be apparatus in stairwells and checked nightly by staff. In future; administrator/supervisor will ensure all equipment is in its proper place please see attached photo's of corrections made same day as inspection.*

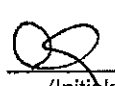
*The Administrator will develop a policy that addresses the safe storage, access, etc. of medical equipment. Upon completion, it will be faxed to the NE Regional office for review.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke LPN administrator</i>	Date <i>6/11/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7-9-12</u> (Date)	Plan of correction implementation status as of <u>7-9-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**2a. DESCRIPTION OF VIOLATION**

The May 2012 medication administration record for resident #2 indicated, "MS Contin 30mg tabs morphine sulf ER30 take 1 tablet orally 2 times a day along with MS Contin 15mg total 45 mg" and "MS Contin 15mg morphine ER 15mg sulfate take 1 tablet orally 2 times a day along with MS Contin 30mg. Total 45mg". Staff person A stated both these medications were discontinued approximately in April 2012. The home did not have orders from a physician discontinuing these medications at the time of inspection. The medications were not in the home at the time of inspection.

**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.*

Medications discontinued on 4/10/12 verbal order received from Dr. Mr.'s office called at time of inspection for hard copy order. Received order 5/30/12. See attached. In future, administrator/nurses will ensure hard copies for all med changes or new orders are received in timely manner.

The Administrator will determine how the information in those orders will be shared w/ appropriate staff and the procedure for keeping such information in order to meet the residents' needs. Once determined, fax to NE Regional office for review. *CB* 7-9-12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/24/2011
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Machelle Burke LPN*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Burke Assistant Administrator* Date *6/11/12*

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

The above plan of correction is approved as of 7-9-12  
(Date)

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

Plan of correction implementation status as of 7-9-12  
(Date)

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

**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.

**2a. DESCRIPTION OF VIOLATION**

Staff did not sign or initial the medication administration record of resident #2 on 5/8/12 at 8:00 am to indicate the prescribed medication Lovenox 100mg/ml was administered.

Staff did not sign or initial the medication administration record of resident #5 on 5/28/12 at 8:00 pm to indicate the prescribed medication Stelazine 2mg 2 tabs was administered.

Staff did not sign or initial the medication administration record of resident #6 on 5/20/12 at 8:00 am to indicate the prescribed medication Lanoxin .125mg tabs was administered.

Staff did not sign or initial the medication administration record of resident #7 on 5/27/12 at 8:00 am to indicate the prescribed medication Synthroid 150mcg one tab was administered.

The May 2012 medication administration record of resident #8 did not include a purpose or diagnosis for the prescribed medication Claritin 10mg.

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

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

*Med tech's re-instructed in the importance of initialing & signing for any med administered; instructed to make sure diagnosis is with lab med; in future; supervisors will check daily MAR to make sure accurate*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/05/2011	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke Assistant Administrator* Date *6/11/12*

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

The above plan of correction is approved as of 7-9-12  
 (Date)

*\* Adm will maintain documentation of re-instruction for review by Dept. Staff on subsequent insp*

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

Plan of correction implementation status as of 7-9-12  
 (Date)

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

Violation Report: 21869 - 05/29/2012 - Bloch, Betty

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #2's prescribed PRN medication Acetaminophen 325mg was not available in the home at the time of inspection.

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.

Medication reordered from pharmacy. Copy attached that med received. In future med tech/administrator will check PRN medication when doing routine ordering. 5/30/12 called pharmacy for repeat waiting delivery. Will have to fax pink slip we received med

\* Adm or designee will audit cart at least once monthly to determine that all <sup>ordered</sup> necessary medications are on hand as determined by physician orders. *CB* 7-9-12

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/05/2011

05/24/2011

Signature of Legal Entity Representative

(Required on EVERY Page)

*Michelle Burke LCN*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Michelle Burke Resident Administrator*

Date

*6/11/12*

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

The above plan of correction is approved as of

*7-9-12*  
(Date)

Plan of correction implementation status as of

*7-9-12*  
(Date)

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

The above plan of correction was approved by

*CB*  
(Initials)

Violation Report: 21869 - 05/29/2012 - Bloch, Betty  
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The photographs in the records of resident #s 9, 10, and 11 were not dated. The residents were admitted to the home on 5/10/10, 3/1/08, and 5/14/09, respectively.

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 #s 9, 10, 11 pictures were dated and name written. In future will ensure all pictures will be dated and name on them will be monitored by med tech/administrator*

*The Adm will audit all resident records in order to determine that all resident records are complete and in compliance w/ all element #1 → #26 in each resident record. Q 7-9-12 Adm will ensure that photos are clear and allow resident to be identifiable from same photo.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burkholder</i>	Date <i>6/11/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7-9-12  
 (Date)

Plan of correction implementation status as of 7-9-12  
 (Date)

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

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