

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PHILADELPHIA PRESBYTERY HOMES, INC.

To operate ROSEMONT PRESBYTERIAN VILLAGE

Located at 404 CHESWICK PLACE, ROSEMONT, PA 19010

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 221  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

and shall remain in effect from June 7, 2012 until June 7, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 176630

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

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



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

ADULT RESIDENTIAL LICENSING

JUL 12 2012

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

Ms. Regina Heilman-Toth, Interim Administrator  
Philadelphia Presbytery Homes, Inc.  
2000 Joshua Road  
Lafayette Hill, Pennsylvania 19444

RE: Rosemont Presbyterian Village  
404 Cheswick Place  
Rosemont, Pennsylvania 19010

Dear Ms. Heilman-Toth:

As a result of the Department of Public Welfare's licensing inspection on May 31, 2012 and June 1, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 17663 - 06/31/2012 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

**1. REGULATION 65 Pa. Code §2600**  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**  
 -On 6/1/2012, at approximately 10:00 AM, RCA Assignment sheets dated 11/1/2011 were unlocked and accessible in the first floor laundry room. Assignment sheet listed residents names, rooms, and personal care needs.  
 -On 6/1/2012, at approximately 10:30 AM, RCA Assignment sheets dated 01/24/12 were unlocked and accessible in the second floor resident lounge. Assignment sheets listed residents names, rooms, and personal care needs.

**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 assignment sheets were removed and destroyed immediately.  
 On 6/1/12 all common areas were checked for confidential material, and none was found.  
 Assignment sheets are now collected at the end of the shift to prevent misplaced sheets.  
 6/6/12 Nursing staff was re-educated regarding confidentiality of records and other resident information. Specifically, they were instructed not to leave any paperwork with resident information in common areas. (See Attachment A-17)  
 6/14/12 Other staff was educated regarding confidentiality, and the need to retrieve any confidential information they may discover in the course of their work, and then return it to Director of Residential Services, or Personal Care Manager.  
 6/12/12 A notice was posted in the clinic to remind the staff of resident confidentiality. (See attachment B-17)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Regina Hellman-Toth*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Hellman-Toth, Interim Administrator	Date 6/14/12
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/21/12</u> (Date)	Plan of correction implementation status as of <u>6/21/12</u> (Date)
The above plan of correction was approved by <u>(Signature)</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: 17663 - 05/31/2012 - Scharpf, Amy PCH Name: ROSEMONT PRESBYTERIAN VILLAGE	
1. REGULATION 55 Pa.Code §2600 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	
2a. DESCRIPTION OF VIOLATION - Direct care staff person A received only 8.75 hours of annual training in training year January 2011 to December 2011.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>Staff person A had not previously been designated as a direct care staff person. The requirements for this position have been updated to include direct care training.</p> <p>Staff person A will have completed the additional 3.25 hours of training as of 6/29/12.</p> <p>To insure on-going compliance the Human Resource Coordinator will maintain and monitor the records of training, <i>Monthly and upon hire to ensure job assignments are clearly designated in staff files.</i> <i>on 6/2/12</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>Regina Heilman-Toth</i> <small>(Required on EVERY Page)</small>	
Printed Name and Title of Legal Entity Representative <small>(Required on EVERY Page)</small> Regina Heilman-Toth, Interim Administrator	Date 6/14/12
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Violation Report: 17663 - 06/31/2012 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

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 A did not receive annual training in Emergency Preparedness and OAPSA, during training year January 2011 to December 2011.  
 - Direct care staff person B did not received the annual training in Emergency Preparedness, Resident rights and OAPSA, during training in year January 2011 to December 2011.  
 - Direct care staff person C did not received the annual training in Fire Safety and Emergency Preparedness during training in year January 2011 to December 2011.

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

Staff persons A,B,C will complete their trainings no later than 6/30/12.

To insure on-going compliance the following plan is in place for 2012:  
 The training on Resident Rights and Abuse Prevention (The Older Adult Protective Services Act) has already been completed for 2012 (See Attachment A-65,g). This was provided by [redacted] MSW and [redacted] LSW, PCA on 4/27/12, 8:00 am to 9:00 am; 5/1/12, 2:30 pm to 3:30 pm; and 5/2/12, 3:15 pm to 4:15 pm in the Ballroom.  
 The Fire Safety training will be provided by [redacted] in July, 2012 in the Auditorium [redacted] is a fire safety expert. Credentials are attached. (See Attachment B-65,g)  
 The Emergency Preparedness training is scheduled for Thursday, Nov. 1, 2012, and will be presented by [redacted] Director of Environmental Services, RPV in the Auditorium.  
 The training on Falls and Accident Prevention is scheduled for Oct. 16, 2012 and will be presented by [redacted] LPN, Director of Residential Services in the Auditorium.

New population groups is currently not applicable.  
 Compliance with completion of annual training is monitored by the Human Resource Coordinator.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Regina Heilmann-Toth*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Heilmann-Toth, Interim Administrator	Date 6/14/12
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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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 17663 - 05/31/2012 - Scharf, Amy PCH Name: ROSEMONT PRESBYTERIAN VILLAGE	
<b>1. REGULATION 65 Pa.Code §2800</b> 2800.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.	
<b>2a. DESCRIPTION OF VIOLATION</b> The home's staff training plan does not include the dates, times and locations of the scheduled training for each staff person for the upcoming year.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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> The plan for each person, by job category, includes the on-line training as well as the additional trainings indicated above under 65 g. (See Attachment A-65,g)  In order to ensure on-going compliance, this plan is developed and monitored by the Human Resource Coordinator.  (See Attachment 66, b)	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/18/2011
Signature of Legal Entity Representative (Required on EVERY Page) <i>Regina Hellman-Tolh</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Hellman-Tolh, Interim Administrator	Date 6/14/12
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6/21/12</u> (Date)	Plan of correction implementation status as of <u>6/28/12</u> (Date)
The above plan of correction was approved by <u>(Signature)</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: 17683 - 05/31/2012 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 On 6/1/12, at approximately 2:15 PM, the water temperature in resident room # 11 measured 124.5 degrees Fahrenheit.

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 water temperature was manually adjusted to bring it into compliance with the acceptable range of +/- 2 of 120.

A service call was initiated and the work completed on 6/4/12. The computer monitoring system that has been in place has been upgraded by the vendor, Vortechs Automation.

The system will now alarm if the temperature is outside of the acceptable range of +/- 2 of 120.  
*The home will check water temps 3x's per day to ensure compliance.*

To insure on-going compliance:

The Director of Environmental Services will be notified by text or email on his iphone if the temperature is outside of the acceptable range. In this case the Director of Environmental Services will alert the care staff not to administer showers or tub baths until the water temperature can be manually adjusted and verified to be within range. Maintenance staff will adjust the temperature manually; in their absence from the building, security staff, who are on duty 24/7, will adjust the temperature.

This will be monitored by the Director of Environmental Services in coordination with the outside vendor. Any occurrence of water temperatures measuring outside the acceptable range will be reported to the Administrator for follow up with a contractor.

*A printed report of daily monitoring of water temperatures is available for review upon request.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Regina Heilman-Toth*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Regina Heilman-Toth, Interim Administrator      Date 6/14/12

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Violation Report: 17683 - 05/31/2012 - Scharpf, Amy  
PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2800  
2800.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
An 80 ounce bag of Barillo Capellini in the food storage room was opened and unsealed on the shelf.

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.

Food found opened and unsealed was discarded.

6/13/12 All dining Services staff were in-serviced on the proper storage of food.

Chef [redacted] and the management team will be making daily rounds through the store room to determine if all items are in sealed containers.

After multiple counselings, the receiver in dining services has been terminated, and a new receiver will be hired, and trained according to the regulations.

(See Attachment A-103,g and 103,i and Attachment B-103, g and 103, i)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Regina Heilman-Toth*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Heilman-Toth, Interim Administrator Date 6/14/12

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Violation Report: 17663 - 05/31/2012 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 86 Pa.Code §2800  
 2800.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 On 6/1/2012, at approximately 2:00 PM, Inspector observed an open case of 6- pound LaChoy Water Chestnuts cans that were located in the home's food storage room on the 2nd shelf. All 6 of the cans inside were dented.

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

The dented cans discovered were immediately moved to the designated dented can shelf.

6/13/12 All Dining Services staff were in-serviced again as to where to store dented cans. The policy is that all dented cans go to a designated dented can shelf and are labeled for Sysco Company to pick up. A credit for the damaged cans is then issued by Sysco.

Chef [redacted] and the management team will be making daily rounds through the store room to determine if all the dented cans are properly stored on the dented can shelf, and not on the regular shelves with the items available for use.

(See Attachment A-103, g and 103, i and Attachment B-103, g and 103, i)

After multiple counselings, the receiver for dining services has been terminated, and a new receiver will be hired and trained according to the regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Regina Heilman-Toth</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Regina Heilman-Toth, Interim Administrator	6/14/12

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Violation Report: 17663 - 05/31/2012 - Scharpf, Amy PCH Name: ROSEMONT PRESBYTERIAN VILLAGE	
1. REGULATION 65 Pa.Code §2600 144(o)(3) Prohibition of the use of tobacco during transportation by the home.	
2a. DESCRIPTION OF VIOLATION The home's smoking policy does not address smoking during transportation.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
6/4/12 The van driver has been informed that smoking is prohibited while driving company vehicles that transport residents.	
6/1/12 A "No Smoking" sign has been placed in the vehicle.	
The smoking policy has been amended to include the prohibition of smoking on company vehicles, while transporting residents. (See Attachment A-144,c-3)	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Regina Heilman-Toth</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Heilman-Toth, Interim Administrator	Date 6/14/12
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
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The above plan of correction was approved by <u><i>RW</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: 17663 - 05/31/2012 - Scharpf, Amy PCH Name: ROSEMONT PRESBYTERIAN VILLAGE	
<b>1. REGULATION 56 Pa.Code §2600</b> 2600.171(b)(6) - If staff persons or volunteers of the home provide transportation for the residents, during vehicle operations the driver may only use a hands-free cellular telephone.	
<b>2a. DESCRIPTION OF VIOLATION</b> According to Staff person A, he uses a hand held cell phone while driving.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>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>	
Staff person A has been instructed to use only hands-free cellular telephone while transporting residents, in accordance with our policy. (See Attachment A-171,b-6)	
Documentation of verbal counseling is in the staff person's file.	
An earpiece or speaker will be used. <i>by all drivers of the home effective 6/21/12.</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Regina Heilmann-ATH</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Heilmann-Toth Interim Administrator	
Date 6/14/12	
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Violation Report: 17683 - 05/31/2012 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

**1. REGULATION 55 Pa.Code §2000**  
 2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**  
 -On 6/1/12, Amoxicillin (875 mg) prescribed on 7/11/11 for resident #1, which is not on the resident's current medication administration record, was located in the home's medication cart.  
 -On 6/1/12, 60 tablets of Raspberry flavored Tyler Foliplex w/ B-12 marked for resident #2, which is not on the resident's current medication administration record, was located in the home's medication cart.  
 -On 6/1/12, Warfarin Tab (2.5) discontinued on 12/18/11 for resident #3, was located in the home's medication cart.

**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.*  
 6/1/12 the meds found (Amoxicillin, Foliplex with B-12 and Warfarin) were removed and destroyed.  
 6/20/12 A med cart audit, including a complete MAR to med cart check will be completed by this date by the Director of Residential Services and the Resident Services Manager.  
 After that, continue with monthly med cart audits per policy. This will be monitored by Director of Resident Services.  
 In order to monitor on-going compliance, the pharmacy representative will audit the medication carts on a quarterly basis. Any incidences of expired or discontinued medications will be reported to Quality Management.  
 (See Attachment A-183,d)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/09/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Regina Heilman-Toth*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Regina Heilman-Toth, Interim Administrator

Date 6/14/12

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Violation Report: 17663 - 05/31/2012 - Scharpf, Amy PCH Name: ROSEMONT PRESBYTERIAN VILLAGE	
1. REGULATION 85 Pa.Code §2600 2800.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #4 is prescribed to receive 20 mg of Simvastatin 1 time a day. The home did not administer the prescribed medication on 5/11/2012, 5/12/2012 and 5/13/2012.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>The medication had not been administered for the newly admitted resident because the family had not yet provided the medication as promised.</p> <p>6/6/12 The nursing staff was educated at the nursing staff meeting that if meds are unavailable for any reason, they are to be ordered right away from the pharmacy at the family's expense.</p> <p>To insure on-going compliance, the skipped order report (available from the pharmacy system) will be audited weekly by the director of Residential Services or designee, starting 6/2/12 <span style="float:right">SR</span></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/09/2012
Signature of Legal Entity Representative (Required on EVERY Page) <i>Regina Heilman-Toth</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Heilman-Toth, Interim Administrator	
Date 6/14/12	
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Violation Report: 17663 - 05/31/2012 - Scharpf, Amy PCH Name: ROSEMONT PRESBYTERIAN VILLAGE	
1. REGULATION 85 Pa.Code §2600 2600.252 - Each resident's record must include the following information: (1) through (26)	
2a. DESCRIPTION OF VIOLATION -Resident #2's record does not include a photograph of the resident that is no more than 2 years old.  -Resident #4's record does not include a photograph of the resident that is no more than 2 years old.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>  Residents 2 and 4 were newly admitted residents, whose pictures had been taken, but were not yet put on the chart. The pictures were then immediately placed on the chart on 5/31/12.  To insure on-going compliance a new process has been initiated: The initial pictures will be taken by Admissions/Marketing at the time that the contract is signed. Admissions/Marketing will be responsible for putting the picture on the chart in a timely fashion.  The Activities Manager will verify that the picture is on the chart and report at the morning meeting of the next business day after admission.  In January of every year the Activities Manager will be responsible to update the photos of all of the residents, and report to the January meeting of the Quality Management Committee regarding the completion of this project.	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/18/2011
Signature of Legal Entity Representative (Required on EVERY Page) <i>Regina Hellman-Toth</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Hellman-Toth, Interim Administrator	Date 6/14/12
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6/21/12</u> (Date)	Plan of correction Implementation status as of <u>6/21/12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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