

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOLY REDEEMER HEALTH SYSTEM

LEGAL ENTITY

To operate HOLY REDEEMER ST. JOSEPH MANOR

NAME OF FACILITY OR AGENCY

Located at 1616 HUNTINGDON PIKE, MEADOWBROOK, PA 19046

(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 69  
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 July 9, 2012 until July 9, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127940

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUL 17 2012

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

Mr. Michael B. Laign, President/CEO  
Holy Redeemer Health System  
Holy Redeemer St. Joseph Manor  
1616 Huntingdon Pike  
Meadowbrook, Pennsylvania 19046

Dear Mr. Laign:

As a result of the Department of Public Welfare's licensing inspection on June 4, 2012 and June 5, 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.

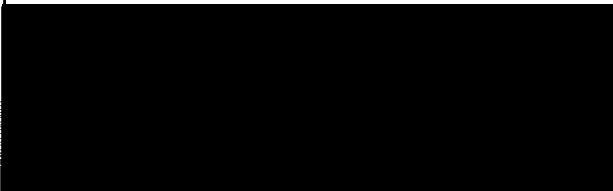
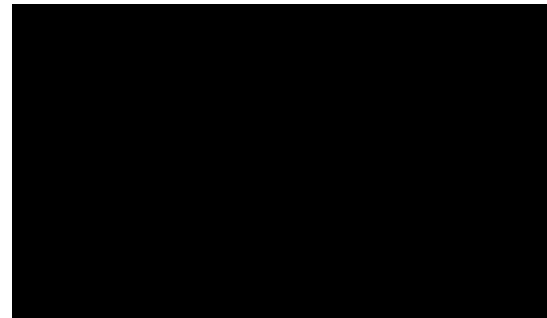
Sincerely,

A handwritten signature in black ink, appearing to be 'R Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: HOLY REDEEMER ST JOSEPH MANOR		License Number: 127940
Address: 1616 HUNTINGDON PIKE, MEADOWBROOK, PA 19046		County: Montgomery
Administrator: Julia Rogan		Region: SOUTHEAST
Legal Entity Name: HOLY REDEEMER HEALTH SYSTEM		
Legal Entity Address: 1616 HUNTINGDON PIKE, MEADOWBROOK, PA 19046		
Certificate(s) of Occupancy C-1 12/23/1998 Pa Dept of Health		
Staffing Hours Resident Support: 0                                  Total Daily Staff: 63                                  Waking Staff: 47		
Type of Inspection: Full                                  BHA Docket Number:                                  Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/04/2012: Yellenic, Cindy; Grayes, Byron 06/05/2012: Yellenic, Cindy; Grayes, Byron		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                                  Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 69 Number of Residents Served: 63 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
 - On 5/23/12, Resident #1 fell and was taken to the hospital for evaluation, but the home did not submit an incident report to the Department until 5/29/12.  
 - On 5/27/12, Resident #1 fell again and was taken to the hospital for evaluation, but the home did not submit an incident report to the Department until 5/29/12.  
 - On 5/12/12, Resident #2 fell and was taken to the hospital for evaluation and treatment, but the home did not submit an incident report to the Department until 5/14/12.  
 - On 12/21/11, Resident #3 suffered serious bodily injury requiring hospital evaluation and treatment, but the home did not submit an incident report to the Department until 1/6/12.

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.*

To ensure this violation does not recur:

- 1) Home's Policy and Procedure on Reportable Incidents will be amended to read:  
 When a reportable incident occurs, Team Leader on duty at the time of the incident will submit an Initial Report to the Norristown DPW office simply identifying the fact that the event occurred. This initial report will meet the 24-hour report requirement. (6/15/12)
- 2) A final report will be sent to the Norristown DPW office when a full picture of the event with all of the clarifying details is available and has been verified. Administrator or Designee will assure that this report has been submitted.
- 3) All current staff will be educated in this procedure. (7-1-12)
- 4) All new staff will be educated on this procedure during the Orientation process. (Orientation)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Julia Regan, Personal Care Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Regan</i>	Date <i>6/29/2012</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>6/29/12</u> (Date)	Plan of correction Implementation status as of <u>6/29/12</u> (Date)
The above plan of correction was approved by <u><i>SR</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: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

**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 6/4/12, at approximately, 10:00 am the residents Medical Administration Records (MAR) were unlocked and accessible on the 2nd floor East wing of the home. The MAR was sitting on the medication cart out of the sight of the staff administering medication.

**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.*

- 1) Staff person administering medication was re-educated regarding the need to have the medication cart and the MAR in the line of sight during the medication administration process, emphasizing the responsibility to keep residents' records confidential. (Immediately) (Nurse Manager/Med Trainer)
- 2) To ensure that this violation does not recur:
  - a. Re-education of all staff who administer medications will be conducted. Proper procedure for administration will be addressed with a specific focus on "line of sight for cart and MAR, emphasizing staff responsibility for confidentiality of residents' records". (7-1-12) (Nurse Manager/Med Trainer will conduct)
  - b. When new staff are trained in Medication Administration the elements of "line of sight of med cart and MAR" and "confidentiality of resident's records" will be emphasized. (Orientation) (Nurse Manager/Med Trainer will conduct)
  - c. Random Physical Site Inspections, reviewing all of the elements included during the initial stage of an actual DPW inspection (page 231,232 of Appendix D of the RCG) will be conducted monthly. Compliance with Regulation 2600.17 will be measured in this audit. Administrator, Nurse Manager, randomly selected staff will participate in this audit. Administrator will maintain record of the audits, and report results to Nurse Manager for appropriate follow-up. (July 2012 & ongoing)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Regan</i>	Date <i>6/27/2012</i>
------------------------------------------------------------------------------------------------------	-----------------------

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The above plan of correction is approved as of 6/29/12  
 (Date)

Plan of correction implementation status as of 6/29/12  
 (Date)

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

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

*See attached document*

Violation Report: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 56 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

SaniMaster 4 disinfectant, with a manufacture's label indicating "If swallowed, call a poison control center or doctor immediately for treatment advice", was in the 4th floor unlocked Housekeeping room and was accessible to residents. Residents of the home, including resident #5, have not been assessed capable of recognizing and using poisons safely.

SaniMaster 4 disinfectant, with a manufacture's label indicating "If swallowed, call a poison control center or doctor immediately for treatment advice", was on the 4th floor unlocked Housekeeping cart and was accessible to residents. Residents of the home, including resident #5, have not been assessed capable of recognizing and using poisons safely.

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

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

1. Staff person responsible for "keeping Poisonous materials locked and inaccessible to residents who cannot safely use them was re-educated on this policy by the Environmental Supervisor. (Immediately) *The home removed the unlocked poisonous material on the day of inspection*
2. To ensure that this violation does not recur:
  - a. A re-education of all staff, Ancillary and Direct-Care Staff will be conducted. This education will focus on the reason for locking poisonous materials as it relates to residents who are not capable of using poisonous materials safely. (7-15-12) (The Environmental Supervisor and the Administrator will conduct education)
  - b. New staff will be educated on Regulation 2600.82 (c) and their ongoing role in maintaining resident safety. (Orientation)
  - c. Random Physical Site Inspections reviewing all of the elements included during the initial stage of an actual DPW inspection (page 231, 232 of Appendix D of the RCG) will be conducted monthly. Compliance with Regulation 2600.82(c) will be measured in the audit. Administrator, Nurse Manager, Environmental Supervisor, randomly selected staff will participate in this audit. Administrator will record audit and report results to the appropriate Supervisor for follow-up. (July 2012 & Ongoing)

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Julia Regan* Date *6/27/2012*

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

The above plan of correction is approved as of 6/29/12  
 (Date)

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

Plan of correction Implementation status as of 6/29/12  
 (Date)

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

Violation Report: 12794 - 06/04/2012 - Yellonic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 6/4/12, at approximately 10:30 AM, the refrigerator on the 4th floor had an odor of rotten food.

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.

1. Spoiled food was removed from refrigerator. (Immediately)
2. To ensure that this violation does not recur:
  - a. Staff will be re-educated on the policy and procedure for the labeling, dating, and time-line for removal food when residents place food in the common refrigerator. (July 15, 2012)
  - b. Residents will be re-educated on the policy/procedure for labeling, dating and time-line for removal of food when they are placing food in the common refrigerator. This education will be done via memo and will be reviewed during Resident Council. (July 18, 2012)
  - c. Refrigerators in common areas will be checked daily by the assigned dietary staff for expired food based on the time-line established in the policy. (Immediately and Ongoing)
  - d. Random Physical Site Inspections, reviewing all of the elements included during the initial stage of an actual DPW inspection (page 231 and 232 of Appendix D of the RCG) will be conducted monthly. Compliance with Regulation 2600.85(a) will be measured during this audit. Administrator, Nurse Manager, randomly selected staff will participate in this audit. Administrator will record audit and report results to the appropriate Supervisors for follow-up. (July 2012 & Ongoing)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Regan</i>	Date <i>6/27/2012</i>
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The above plan of correction is approved as of 6/29/12  
 (Date)

Plan of correction implementation status as of 6/29/12  
 (Date)

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

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

*h. m. l. e*

Violation Report: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 65 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in the kitchen was uncovered.

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.

1. Trash can lid was placed back on the receptacle. The lid was placed on the side of the receptacle while an employee was working with food items. *(Immediately)*
2. To ensure this violation does not recur:
  - a. Staff will be educated on Regulation 2600.85(d), its purpose and their role in maintaining it. Highlight: all trash containers will have a lid and the lid will be kept on the receptacle while in a food preparation area. (July 15, 2012) (Dietary Supervisor & Administrator)
  - b. Random Physical site inspections, reviewing all of the elements included during the initial stage of an actual DPW inspection (page 231 and 232 of Appendix D of the RCG) will be conducted monthly. Compliance with Regulation 2600.85(d) will be measured in this audit. Administrator, Nurse Manager, Dietary Supervisor and randomly selected staff will participate in audit. Administrator will record audit findings and communicate to appropriate Supervisor for follow-up. (July 2012 & Ongoing)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Julia Regan*

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

*Julia Regan*

Date *6/27/2012*

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

The above plan of correction is approved as of *6/29/12*  
 (Date)

Plan of correction implementation status as of *6/29/12*  
 (Date)

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

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

Violation Report: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH 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

- The wall handrailing on both sides of the walls outside of room 4604 were loose and could become hazardous.
- Room 2624 had black stains on the floor and wall, possibly mold, behind the bed.
- Room 2624 had phone and electrical cords hanging from the ceiling to the floor, creating a hazardous environment.

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.*

1. Hand railings identified were tightened. (Completed Immediately)
2. All hand railings in the entire residents' living area were checked for tightness. (Completed Immediately)
3. Floor in Room 2624 was stripped, cleaned and waxed. Wall behind bed was cleaned. (Completed 6/6/2012)
4. One floor tile on floor behind bed was identified as needing to be replaced. Replacement scheduled. (July 15, 2012)
5. Phone cord and electrical cords hanging from the ceiling in Room 2624 were evaluated and it was determined that they could be capped and secured to the wall. (Completed 6/26/12)
6. To ensure that these violations do not recur:
  - a. Residents will be reeducated to report any housekeeping or maintenance issues they identify in their private rooms to the P.C. Secretary or the Direct Care Staff promptly. Education will occur during Resident Council. Every resident will receive a printed copy of the Council minutes. (July 25, 2012)
  - b. Staff will be reeducated to observe for any housekeeping/maintenance issues in individual resident rooms and to submit a follow-up request to the appropriate Department and the P.C. Secretary. (July 15, 2012)
  - c. P.C. Secretary will submit an e-mail request to the Environmental/Maintenance Department representative who will follow the established system to respond based on level of priority, safety issues bearing the highest priority. (Immediately & Ongoing)
  - d. Random Physical site inspections, reviewing all of the elements included during the initial stage of an actual DPW inspection (page 231 and 232 of Appendix D of the RCG) will be conducted monthly. Compliance with Regulation 2600.88(a) will be measured in this audit. Administrator, Nurse Manager, Environmental Supervisor, Maintenance Supervisor and randomly selected staff will participate in audit. Administrator will record audit findings and communicate to appropriate Supervisors for any follow-up. (July 2012 & Ongoing)

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Julia Regan* Date *6/27/2012*

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

The above plan of correction is approved as of 6/29/12  
 (Date)

Plan of correction implementation status as of 6/29/12  
 (Date)

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

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

Violation Report: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

The telephone in room 2624 does not have emergency service numbers posted nearby.

**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.*

1. In Room 2624, the laminated card listing all required phone numbers was moved to the wall above the resident's telephone. (Completed Immediately)
2. To ensure that this violation does not recur:
  - a. At the time of each new resident's admission, a laminated card with required emergency phone numbers shall be secured near the resident's outside telephone line. (Admission Period)
  - b. Residents shall be educated on the importance of keeping these telephone numbers near their outside phone line. Education will occur during Resident Council, and will be included in the Council minutes delivered to each resident. (July 25, 2012)
  - c. Room audits will be conducted monthly by the Direct Care staff. Placement of "Emergency Numbers" Card will be audited and corrected if needed. Administrator will keep copies of audit and documentation of follow-up. (July 2012 & Ongoing)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Regan</i>	Date <i>6/27/2012</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/29/12  
 (Date)

Plan of correction implementation status as of 6/29/12  
 (Date)

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

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

*See attached pages*

Violation Report: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The toilet handrail in room 4623 is loose and hazardous to the resident.

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

1. The toilet handrail in Room 4623 was tightened. (Completed Immediately)
2. To ensure that this violation does not recur:
  - a. Residents will be educated to report any needed repairs to the P.C. Secretary or the Direct Care Staff. Education will occur during Resident Council with follow-up minutes. (July 25, 2012)
  - b. Housekeeping staff will be educated to report to the P.C. Secretary if/when they see any signs of needed repairs when they are cleaning the residents' private bathrooms, (July 15, 2012)
  - c. P.C. Secretary will place maintenance repair request via e-mail following already established process. (Immediately & Ongoing)
  - d. Random room audits for general compliance will be included in the monthly Physical site inspection. Administrator will maintain copies of audits and will communicate results to Maintenance Supervisor for follow-up. (July 2012 & Ongoing)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Regan</i>	Date <i>6/27/2012</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/25/12  
 (Date)

Plan of correction Implementation status as of 6/25/12  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

- There were 2- 16 ounce bottles of unlabeled red liquids in the resident's refrigerator on the 4th floor.
- There were 2 open boxes of unlabeled popsicles in the resident's refrigerator on the 4th floor.

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.

1. Bottles of unlabeled red liquid and unlabeled Popsicles were removed from the refrigerator in the common area and discarded. (Completed Immediately)
2. To ensure that this violation does not recur:
  - a. Staff will be re-educated on the policy and procedure for the labeling, dating, and time-line for removal food when residents place food in the common refrigerator. (July 15, 2012)
  - b. Residents will be re-educated on the policy/procedure for labeling, dating and time-line for removal of food when they are placing food in the common refrigerator. This education will be done via memo and will be reviewed during Resident Council. (July 18, 2012)
  - c. Random Physical Site Inspections, reviewing all of the elements included during the initial stage of an actual DPW inspection (page 231 and 232 of Appendix D of the RCG) will be conducted monthly. Compliance with Regulation 2600.103(e) will be measured during this audit. Administrator, Nurse Manager, randomly selected staff will participate in this audit. Administrator will record audit and report results to the appropriate Supervisors for follow-up. (July 2012 & Ongoing)

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

*Julia Regan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Julia Regan</i>	<i>6/27/12</i>

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

The above plan of correction is approved as of 6/29/12  
 (Date)

Plan of correction Implementation status as of 6/29/12  
 (Date)

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

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

*See attachment*

Violation Report: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

- The box of Beef Steaks in the main kitchen was open and unsealed in the freezer.
- The pound cake in the main kitchen was open and unsealed in the freezer.

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.*

1. The box of Beef Steaks was discarded. The open pound cake was discarded, (Completed immediately)
2. To ensure that this does not recur:
  - a. Staff will be reeducated on the policy and procedure of food storage as listed below (July 15, 2012):
    - i. Products held for food tray line must be labeled
      1. Full trays of dished/scooped/plated items may be covered and labeled with one label
      2. After tray line service, items must be properly labeled and stored.
    - ii. All in-use and stored foods must be labeled with the following information:
      1. Product name
      2. Preparation or Opening date
      3. Use by date
      4. Associate Initials
    - iii. All food must be discarded by the manufacturer's "Use by/Best before" date
    - iv. Frozen Foods
      1. Foods received frozen solid
        - a. Manufacturer's "Use by/Best before" date
        - b. Unopened TCS Foods frozen before their "Use by/Best before" date (1 Month)
        - c. Foods prepared on-site and frozen P+90 (3 Months)
3. Random checks will be conducted monthly by Administrator and Dietary Supervisor for compliance with Regulation 2600.103g. Results of random audit will be kept by the Administrator and reported to Dietary Supervisor for follow-up.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Julia Regan*

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

*Julia Regan*

Date

*6-27-2012*

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

The above plan of correction is approved as of

6/29/12  
 (Date)

Plan of correction implementation status as of 6/29/12  
 (Date)

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

The above plan of correction was approved by

*JR*  
 (Initials)

Violation Report: 12794 - 08/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.105(f)(1) - Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning.

**2a. DESCRIPTION OF VIOLATION**

The home is not implementing their system to safeguard resident laundry from loss, because there were approximately 10 unlabeled clothing items hanging in the resident's phone room on the 2nd floor.

**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.*

1. Unlabeled clothing which had already been identified as not belonging to Personal Care residents was sent to the Social Workers of St. Joseph's Nursing for identification. (Immediately)
2. To ensure that this violation does not recur:
  - a. Procedure for Labeling of residents' clothing at time of admission and throughout their stay in Personal Care will be continued. i.e. At time of admission, clothing is taken from residents and labels are affixed by staff with a hot iron machine. Ongoing, as residents buy new clothing, clothing is listed, bagged and sent to the labeling area for labeling and then returned to the resident. (Admission & Ongoing)
  - b. Clothing will be sent to the Laundry for cleaning. (Ongoing)
  - c. When clothing is returned from the Laundry, staff will distribute to the residents. (Ongoing)
  - d. If there is an unlabeled article of clothing, staff will seek to identify the owner in Personal Care. If no owner is identified in Personal Care, staff will now return it to the Laundry Department in the Laundry cart. The Laundry staff will pass it on to the Nursing Department for identification in that area. Administrator will educate P.C. staff and Laundry staff of this change. (July 15, 2012)
3. Random audits of residents' clothing for proper labeling will be done monthly by Administrator, Nurse Manager and randomly chosen staff. Audit forms will be kept by Administrator and reported to Team Leader for appropriate follow-up. (July & Ongoing)
4. The home STAFF will review ALL resident clothing to ensure proper labeling is in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Julia Regan*

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

*Julia Regan*

Date

*6-27-12*

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

The above plan of correction is approved as of

*6/29/12*  
 (Date)

Plan of correction implementation status as of

*6/29/12*  
 (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: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 65 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 3/30/12. The resident's medical evaluation was completed on 1/6/12.

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.

1. Reviewed violation with staff responsible for reviewing documentation (Nurse Manager, Social Worker, Team Leader) (Immediately)
2. To ensure that this violation does not recur:
  - a. During the pre-admission process, potential residents and families will be informed that the required medical evaluation must be completed within a 60 days before- 30 days after time frame. (Immediately & Ongoing)
  - b. They will be informed that if the medical evaluation submitted at the time of admission is outside of this time frame, that a new medical will need to be completed to bring the new resident's paper work into compliance. (Immediately & Ongoing)
  - c. On day of admission, at the end of week one, at the end of week two, the nursing staff will review the medical evaluation for date compliance and assist resident and family with the set up of a new medical evaluation if this is needed. (Immediately & Ongoing)
  - d. At time of a resident's admission, Physician will receive a letter from the Personal Care Administrator informing them of guidelines for completion and documentation of Medical Evaluation. (Immediately & Ongoing)
  - e. Monthly Audit for documentation compliance will be completed by the Nurse Manager and appropriate follow-up corrections made. (July 15, 2012 & Ongoing)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Regan</i>	Date <i>6-27-2012</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/29/12  
 (Date)

Plan of correction implementation status as of 6/29/12  
 (Date)

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

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

Violation Report: 12794 - 06/04/2012 - Yellenic, Cindy  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #4's last medical evaluation was completed on 2/1/12, 16 months after the original 10/22/10 medical evaluation.

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.*

1. Reviewed violation with staff responsible for reviewing documentation (Nurse Manager, Social Worker, Team Leaders) (Immediately)
2. To ensure that this violation does not recur:
  - a. Residents and families will be informed at time of admission of the annual medical evaluation requirement. (Immediately & Ongoing) (Admission's Coordinator/Social Worker)
  - b. Residents and families will be reminded 3 months in advance of their annual date that the medical evaluation is due. (Immediately & Ongoing) (P.C. Secretary)
  - c. Residents and families will be asked to inform Secretary of the date of the scheduled M.D. appointment. Secretary will enter in Calendar.
  - d. Residents name will be entered on the calendar on the 1st day of the month that the medical evaluation is due. (Immediately & Ongoing) (Secretary)
  - e. On the 1st day of the month, Nursing Staff will call resident/family to assure that the M.D. appointment has been made and will be kept.
  - f. If family is transporting resident to the M.D. appointment, and they are experiencing some difficulty that would prevent their ability to transport resident, they will be informed of necessity to inform staff, so that staff can assist with arranging a new appointment.
  - g. Physician's serving Personal Care residents will receive a letter at the time of resident's admission informing them of guidelines for completion and documentation of Medical Evaluation. (Immediately & Ongoing)
  - h. The home will review all resident medical evaluation forms and develop a system to ensure evaluations are conducted every 12 months. *(Signature)*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Julia Regan*

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

*Julia Regan*

Date

*6-27-2012*

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

The above plan of correction is approved as of

6/29/12  
 (Date)

Plan of correction implementation status as of 6/29/12  
 (Date)

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

The above plan of correction was approved by

*(Signature)*  
 (Initials)