

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PARTNERS IN SENIOR CARE, INC.

LEGAL ENTITY

To operate RIDGEWOOD AT SHENANGO VALLEY

NAME OF FACILITY OR AGENCY

Located at ONE ELSTON WAY, HERMITAGE, PA 16148

(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 52  
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 2, 2012 until July 2, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 403020

*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.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 09 2012

Mr. Ronald G. Duez, Administrator  
Partners in Senior Care, Inc.  
Ridgewood at Shenango Valley  
One Elston Way  
Hermitage, Pennsylvania 16148

Dear Mr. Duez:

As a result of the Department of Public Welfare's licensing inspection on June 12, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

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

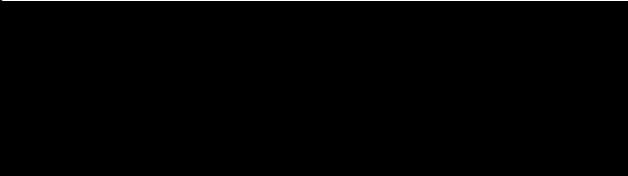
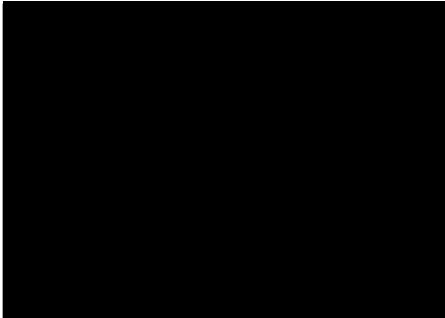
Sincerely,

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

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: RIDGEWOOD AT SHENANGO VALLEY		License Number: 403020
Address: ONE ELSTON WAY, HERMITAGE, PA 16148		County: Mercer
Administrator: Ron Duez		Region: WEST
Legal Entity Name: PARTNERS IN SENIOR CARE INC		
Legal Entity Address: ONE ELSTON WAY, HERMITAGE, PA 16148		
Certificate(s) of Occupancy C-2 LP 08/28/1998 Labor & Industry		
Staffing Hours Resident Support: N/A                      Total Daily Staff: 41                      Waking Staff: 31		
Type of Inspection: Full                      BHA Docket Number: N/A                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/12/2012: Mazza, Larry; Roapon, Dennis		
Off-Site Inspection Dates and Inspectors, if Applicable		<p><b>RECEIVED</b></p> <p>JUL 14 2012</p> <p>Western Field Office Adult Residential Licensing</p>
Other Details Partial or Full Triggers: N/A                      Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 52 Number of Residents Served: 41 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

JUL 14 2012

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

Western Field Office  
Adult Residential Licensing  
Services Act

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  
Direct care staff person A was hired on 10/19/07; however, a criminal background check was not completed until 7/2/08.

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.

VIOLATION WAS CAUSED BY MISPLACING THE ORIGINAL CRIMINAL BACKGROUND CHECK. THE ACT 13 QUESTIONNAIRE WAS COMPLETE 10/17/07 AND SENT IN - DURING A FILE AUDIT REALIZED THE BACKGROUND REPORT WAS MISSING SENT FOR ANOTHER ONE 7/2/08  
NOW - THE HR DIRECTOR SENDS FOR THE REPORT ONCE RECEIVED BACK SHE FAX'S A COPY TO ME AND INTEROFFICE MAILES THE ORIGINAL AND I IMMEDIATELY STAPLE TO EMPLOYEE FILE - ALL CURRENT EMPLOYEES FILES WERE CHECKED ON JUNE 19th 2012

ONCE I RECEIVED REPORT, IT IS STAPLED TO THE EMPLOYEES FILE BY THE ADMINISTRATOR - AUDITS WILL BE COMPLETED BY THE OFFICE ASSISTANT AND BY ADMINISTRATOR.

Withdrawn  
MS 7/27/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Paul G. Dutz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Paul G. Dutz*      Date *7/12/12*

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

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

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

JUL 14 2012

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person B, whose first day of work was 6/14/10, did not receive any of the orientation training under regulation 2600.65(a), including fire safety and emergency preparedness, until 6/15/10.

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

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

Employee's first day of work was 6/14/10. Acknowledgment of 2600.65(A) orientation was 6/15/10. The 2600.65(A) paper work will be included in the paper work the employee fills out prior to the first day of work.

2600.65(A) will be in new hire paper work and the new hire will review the regulation with administrator and take a tour of the facility - being shown the fire exits and the procedures this facility has processed changed 7/2/12

office assistant / and or administrator will review with the new hire.

See page 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Andrew G. Dutz

Date 7/12/12

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

The above plan of correction is approved as of 7/27/12  
(Date)

Plan of correction implementation status as of 7/27/12  
(Date)

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

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

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person B, whose first day of work was 6/14/10, did not receive any of the orientation training under regulation 2600.65(a), including fire safety and emergency preparedness, until 6/15/10.

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

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

By 8/27/12-The administrator or designated staff person will develop a tracking system to ensure all newly-hired staff persons receive the training required by this regulation on or before the first day of work. Documentation of this training will be kept in the staff person's record.

RECEIVED

JUL 26 2012

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Ronald G. Duer</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Ronald G. Duer</i>	Date	<i>7/27/12</i>
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The above plan of correction is approved as of 7/27/12  
(Date)

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

Plan of correction implementation status as of 7/27/12  
(Date)

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

JUL 14 2012

Violation Report: 40302 - 08/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

Western Field Office  
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
  - (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following: (i) through (xvi)
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 10/19/07, did not complete the Department-approved direct care training course and pass the competency test until 3/2/08. This staff person provided unsupervised ADL services prior to 3/2/08.

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

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

I BELIEVE THIS VIOLATION WAS CAUSED DUE TO LOST/MISPLACED PAPERWORK WOULD THIS EMPLOYEE THIS IS SAME EMPLOYEE THAT HAD CRIMINAL RECORD BACKGROUND CONCERN, THE TRAINING COMPETENCY PAPERWORK IS NOW STOPPED TO THE EMPLOYEES FILE FOLDER. - NEW PROCS 6/19/2012 ALL CURRENT EMPLOYEES FILES WERE CHECKED. PAPERWORK REVIEWED PROCESSED BY SHIFT SUPERVISOR, OFFICE MANAGER AND ADMINISTRATOR

Repeat Violation: No      Date(s) of Previous Violation(s):      See page 4A

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renard G. Duce      Date 7/12/12

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

The above plan of correction is approved as of <u>7/27/12</u> (Date)	Plan of correction implementation status as of <u>7/27/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <u>MS</u>

RECEIVED Page 4 of 11

JUL 26 2012

Violation Report: 40302 - 08/12/2012 - Mazza, Larry  
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

**1. REGULATION 55 Pa. Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
  - (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following: (i) through (xvi)
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A, hired on 10/19/07, did not complete the Department-approved direct care training course and pass the competency test until 3/2/08. This staff person provided unsupervised ADL services prior to 3/2/08.

**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.

By 8/27/12-The administrator or designated staff person will develop a tracking system to ensure all newly-hired staff persons receive training required by this regulation prior to providing unsupervised ADL services. Documentation of this training will be kept in the staff person's record.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Andrew G. Dubez		7/27/12

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

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

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

Western Field Office  
Adult Residential Licensing

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

There were no emergency phone numbers posted on or by the telephone in bedroom #405.

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.

Phone numbers ARE placed on ALL phones when residents move in. - This resident recently purchased a new phone. Now the housekeeper will check all resident phones during weekly cleaning of the apartments. Maintenance personnel will check the phones every two months. Administrator will spot check apartments monthly - This will also be discussed to the residents during resident council meetings process in place 7/5/12  
Responsibility of housekeeper, maintenance and administrator.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Anthony G. Dutra Date 7/12/12

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

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

JUL 14 2012

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600  
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
The fire drill record for the drills conducted on 12/2/11 at 2:15 PM and 4/11/12 at 8:30 AM do not include the exit routes 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.

The cause of this violation was an oversight. Current drill log and recent fire drills after 4/11/12 have exit routes marked as used. The report is now in a book at the nurses station. To prevent this from happening in the future the administration will be notified when the drills are and I will check/follow up on completion of the log. Also discussed the importance with the maintenance personal regarding the log has to be fill out completely. Discussion will also be at employee in service regarding the fire log, responsibility of all staff including the maintenance personal, and administration.

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 7/12/12

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

The above plan of correction is approved as of 7/27/12 (Date)      Plan of correction implementation status as of 7/27/12 (Date)

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

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

JUL 14 2012

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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  
Resident #1 is self-administering Albuterol treatments-0.083% and Proctozone cream-2.5%. However, this resident has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer medications.

Resident #2 is self-administering Deep Sea nose spray-0.65%. However, this resident has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer medications.

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

Resident #1 Order received from physician on 7-6-12 for resident to self administer Albuterol.  
Will contact physician + get order for any resident to self administer medication.

Resident #2 Deep Sea nasal spray removed from resident's room + put in med cart. Direct Care Staff will administer Deep Sea nasal spray.  
Will advise family members to bring any medications including OTC to be stored in cart + not resident's room.

By 7/27/12 - The administrator or designated staff person will review all current residents medical evaluations for accuracy including the resident's ability to self-administer medications and to oversee all medication practices at the home to ensure only those residents assessed capable of self-administering medications are doing this. ms 7/27/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julia Fabian*  
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Fabian*      Date *7-12-12*

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

The above plan of correction is approved as of 7/27/12 (Date)

Plan of correction Implementation status as of 7/27/12 (Date)

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

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

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #3 is ordered Oxycodone-5/325 mg-"Take 1 tablet by mouth at bedtime for pain." However, the pharmacy label indicates Oxycodone-5/325 mg-"Take 1 tablet by mouth 4 times a day."  
Resident #4 is ordered Lantus injection-100/ml-"Inject 38 units sub-q every morning at 7:00 AM." However, the pharmacy label indicates Lantus injection-100/ml-"Inject 34 units sub-q every morning at 7:00 AM."  
Resident #5 is ordered Warfarin Sodium-5mg-"Take 1 tablet by mouth on Monday, Wednesday and Friday" and Warfarin Sodium-2.5mg-"Take 1 tablet by mouth on Tuesday, Thursday, Saturday and Sunday." However, the pharmacy label for the 5mg tablet indicates Warfarin Sodium-5mg-"Take 1 tablet by mouth once daily."

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 #3 Pharmacy was faxed current order on Oxycodone 5/325 again on 6-29-12. Director change sticker is on medication punch card. Called physician and he will write new script with current order.*

*When a new order is faxed to pharmacy, we will call & make sure they have the order correct.*

*Resident #4 Current order faxed to pharmacy, will make sure medication labeled with correct order when refilled. Director change paper to chart on current medication.*

*Resident #5 Faxed Pharmacy current order. Director change paper to chart on medication. Called physician for refill with correct dosage called to pharmacy.*

Repeat Violation: No      Date(s) of Previous Violation(s):      See page 9A

Signature of Legal Entity Representative  
(Required on EVERY Page) *Julia Fabian*

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

Date *7-12-12*

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

The above plan of correction is approved as of 7/27/12  
(Date)

Plan of correction implementation status as of 7/27/12  
(Date)

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

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

**RECEIVED**

JUL 26 2012

Violation Report 40302 - 08/12/2012 - Mazza, Larry  
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

**1. REGULATION 55 Pa. Code §2800**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 is ordered Oxycodone-5/325 mg-"Take 1 tablet by mouth at bedtime for pain." However, the pharmacy label indicates Oxycodone-5/325 mg-"Take 1 tablet by mouth 4 times a day."

Resident #4 is ordered Lantus Injection-100/ml-"Inject 36 units sub-q every morning at 7:00 AM." However, the pharmacy label indicates Lantus Injection-100/ml-"Inject 34 units sub-q every morning at 7:00 AM."

Resident #5 is ordered Warfarin Sodium-5mg-"Take 1 tablet by mouth on Monday, Wednesday and Friday" and Warfarin Sodium-2.5mg-"Take 1 tablet by mouth on Tuesday, Thursday, Saturday and Sunday." However, the pharmacy label for the 5mg tablet indicates Warfarin Sodium-5mg-"Take 1 tablet by mouth once daily."

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

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

The home has developed a procedure and implemented an audit of medications to ensure accuracy of the pharmacy label and that the MAR documentation matches the pharmacy label.

ms 7/27/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *J. M. G. D.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Thomas G. Duce*      Date *7/27/12*

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

The above plan of correction is approved as of 7/27/12 (Date)

Plan of correction implementation status as of 7/27/12 (Date)

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

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

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

JUL 14 2012

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  
Resident #1 is ordered Acetaminophen-325 mg-"Take 2 tablets by mouth every 4 hours as needed for fever." However, this medication was not available in the home.  
Resident #5 is ordered Docusate-240 mg-"Take 1 capsule by mouth as needed for constipation." However, the medication available is Docusate-100 mg.

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 # 1 Acetaminophen 325mg filled for resident 6-12-12. 2 carts are available on cart. Staff members will reorder medications before they are depleted. Have log at Staff Base to be signed when meds reordered.*

*Resident # 5 Colace was discontinued on 6-13-12. When family bring OTC meds we will check make sure the correct drug is in cart.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/27/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Julia Fabian*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Fabian*      Date

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

The above plan of correction is approved as of <u>7/27/12</u> (Date)	Plan of correction implementation status as of <u>7/27/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

JUL 14 2012

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.  
Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 6/8/12, resident #1's medication administration record (MAR) does not include initials of staff administering the following medications:

- \*9:00 PM dose of Gabapentin-300mg
- \*5:00 PM dose of Miralax powder-3350mg
- \*9:00 PM dose of Mucinex tablet-600mg
- \*9:00 PM dose of Oxycontin tablet-20mg
- \*9:00 PM dose of Oxycontin tablet-40mg
- \*5:00 PM dose of Oyster Shell/D tablet-500mg

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 #1 Staff member administering meds on 6-8-12 signed off MARs on 6-12-12. Will advise persons giving med should sign MAR when the medication has been administered. Also, recheck MARs before the end of shift & make sure everything has been signed off.*

*The home has implemented a daily log to ensure residents' MARs include initials of staff administering medications.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julia Fabian*

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

*JULIA FABIAN*

Date

*7-12-12*

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

The above plan of correction is approved as of 7/27/12  
(Date)

Plan of correction implementation status as of 7/27/12  
(Date)

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

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

Violation Report: 40302 - 06/12/2012 - Mazza, Larry  
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
Resident #4 is ordered Acetaminophen-500 mg-"Take 1 tablet by mouth daily at 6:00 AM." However, the medication being administered is 1 tablet daily of Acetaminophen-325 mg.

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

*Resident #4 Current dose of Acetaminophen 500 mg ordered from Pharmacy is on card. Ordered 6-12-12.  
When Pharmacy delivers OTC medications will check & make sure the medication is what the physician has ordered.*

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

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

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Tuhia Fraim*      *7-12-12*

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

The above plan of correction is approved as of <u>7/27/12</u> (Date)	Plan of correction implementation status as of <u>7/27/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented MS <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented