

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HUGH ROBINSON

LEGAL ENTITY

To operate ROBINSON PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104

(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 20  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 25, 2012 until August 25, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 198810

*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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 16 2012

Mr. Hugh Robinson, Administrator  
Robinson Personal Care Home  
4104 West Girard Avenue  
Philadelphia, Pennsylvania 19104

Dear Mr. Robinson:

As a result of the Department of Public Welfare's licensing inspection on June 16, 2012 and July 31, 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.

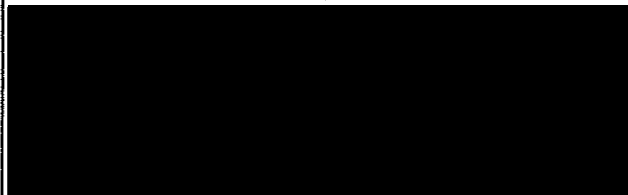
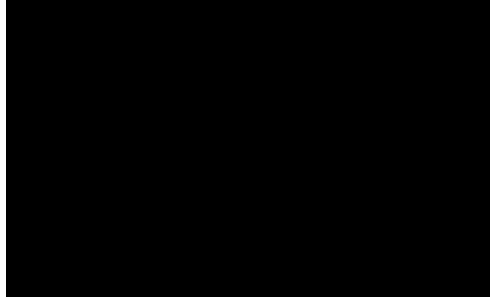
Sincerely,

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

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: ROBINSON PERSONAL CARE HOME		License Number: 198810
Address: 4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator: Hugh Robinson		Region: SOUTHEAST
Legal Entity Name: HUGH ROBINSON		
Legal Entity Address: 4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support: 19	Total Daily Staff: 39	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/16/2012: 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: 20 Number of Residents Served: 19 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.14(a) - Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. Sections 7210.101 - 7210.1103) is required.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a valid certificate of occupancy.

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.

FOUR (4) COPIES OF DRAWING OF BUILDING WAS SUBMITTED TO PHILADELPHIA LICENSE AND INSPECTIONS. THE HOME WILL MAINTAIN CONTACT WITH LICENSE AND INSPECTION TO OBTAIN CERTIFICATE OF OCCUPANCY. CERTIFICATE OF OCCUPANCY WILL BE SUBMITTED TO THE DEPARTMENT AS SOON AS IT IS RECEIVED FROM THE PHILADELPHIA LICENSE AND INSPECTION.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2011
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
HUGH ROBINSON Administrator	7-12-2012

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

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

The above plan of correction was approved by   
 (Initials)

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

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 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 June 16, 2012, at 9:05am, the resident and staff records along with the Medication Administration Record and medications, were unlocked and accessible in the Administrator's office.

**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 RESIDENT AND STAFF RECORDS ALONG WITH MEDICATION ADMINISTRATION RECORD AND MEDICATIONS THAT ARE IN THE ADMINISTRATOR'S OFFICE ARE NOW LOCKED AWAY AND IS ONLY ACCESSIBLE IF A TRAINED STAFF IS PRESENT. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT OFFICE DOOR IS ALWAYS LOCKED.

The administrator will present a training on confidentiality to all staff by 7/30/12 and maintain documentation of the training. *(SN)*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Hugh Robinson Administrator</i>	Date <i>7-12-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/12/12</u> (Date) <i>[Signature]</i> The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>7/13/12</u> (Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul>
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Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an Itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has not received a quarterly account of financial transactions since October 2010.

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 NOW HAS A QUARTERLY ACCOUNT OF FINANCIAL TRANSACTION FOR 2010 AND 2011.  
 IN THE FUTURE THE ADMINISTRATOR WILL ENSURE THAT ALL FINANCIAL TRANSACTION ARE DONE IN A  
 TIMELY MANNER AND SIGNED BY RESIDENT.

*The administrative assistant will review all residents quarterly statements to ensure they are current and given a copy to the resident by 7/30/12*

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: *Administrator*  
 (Required on EVERY Page) *Hugh Robinson* Date *7-12-12*

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

The above plan of correction is approved as of <u>7/13/12</u> (Date)	Plan of correction implementation status as of <u>7/13/12</u> (Date)
The above plan of correction was approved by <u>Su</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: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract for Resident #2 was not signed by the Administrator or by Resident #2.

**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.*

CONTRACT FOR RESIDENT#2 WAS DULY SIGNED BY ADMINISTRATOR AND RESIDENT.  
 IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL RESIDENT CONTRACTS ARE READ THOROUGHLY AND ALL PAGES TO BE SIGNED WILL BE SIGNED AND DATED.  
 A MONTHLY CHECK WILL BE DONE ON ALL RESIDENT'S FILES TO ENSURE SIGNATURES ARE IN PLACE.

*The administrative assistant will develop an audit tool to review resident records to ensure compliance with this regulation. All resident contracts will be reviewed for signatures by 7/30/12. (82)*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah Robinson Administrator*      Date *7-12-12*

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

The above plan of correction is approved as of 7/13/12  
 (Date)

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

Plan of correction implementation status as of 7/13/12  
 (Date)

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

**2a. DESCRIPTION OF VIOLATION**

On June 16, 2012, from 9:00am -10:15am at least 10 residents were present in the home. During this time, the only staff person present in the home was Staff Person A, who has not had any trainings or orientation.

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

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

STAFF PERSON A RECORDS WERE NOT ON FILE AT TIME OF INSPECTION. STAFF PERSON A HAS NOW COMPLETED ALL TRAINING AS REQUIRED. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL STAFF ARE TRAINED AND ORIENTATED AS REQUIRED BY DPW REGULATION 2600.

*The administrator will develop a staff record audit tool to assist with compliance of this regulation by 7/30/12.*

*The administrative assistant will audit all staff records for completeness by 7/30/12.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Hugh Robinson Administrator for* Date *7-12-12*

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

The above plan of correction is approved as of <u>7/13/12</u> (Date)  The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>7/13/12</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.61 - When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in § 2600.54 and § 2600.65.

**2a. DESCRIPTION OF VIOLATION**

The home's system for supplying sufficient, adequately trained staff if regularly scheduled staff persons are absent, is missing.

**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 SYSTEM FOR SUPPLYING ADEQUATELY TRAINED STAFF IF REGULAR TRAINED IS ABSENT IS NOW IN PLACE. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT TRAINED STAFF ARE AVAILABLE IN THE EVENT THAT A REGULAR TRAINED STAFF IS ABSENT.

*The administrator will utilize the staff list to call when substitute staff is required when regularly scheduled staff are absent.*  
*SW*

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

Printed Name and Title of Legal Entity Representative - Administrator Date 7-12-12  
 (Required on EVERY Page) *August Robinson*

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/13/12  
 (Date)

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

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

**2a. DESCRIPTION OF VIOLATION**

The administrator of the home does not maintain a list of staff persons that includes addresses and telephone numbers.

**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 NOW MAINTAINS A LIST OF ALL STAFF PERSON ADDRESS AND PHONE NUMBERS.  
 IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT A UPDATED LIST OF STAFF PERSON  
 ADDRESS AND PHONE NUMBER ARE ALWAYS KEPT IN THE ADMINISTRATOR'S FILE.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): *Hugh Robinson Administrator* Date *7-12-12*

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

The above plan of correction is approved as of 7/13/12 (Date)

Plan of correction implementation status as of 7/13/12 (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: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**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 A, whose first day of work was May 12, 2007, has no documentation that they have received the initial training or orientation.
- Staff Person B, whose first day of work was December 5, 2011, has no documentation that they have received the initial training or orientation for their position.

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

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

STAFF PERSON A WAS GIVEN ORIENTATION ON JUNE 17, 2012 AND NOW HAS DOCUMENT IN PLACE. IN THE FUTURE THE ADMINISTRATOR WILL ENSURE THAT ALL STAFF PERSON ARE FULLY ORIENTATED AND TRAINED PRIOR TO THE FISRT DAY AT WORK. A MONTHLY CHECK WILL BE DONE TO ENSURE ALL STAFF PERSON RECORDS ARE UP TO DATE.

STAFF PERSON B INITIAL TRAINING AND ORIENTATION WAS DONE AND ON FILE, BUT WITH NO SIGNATURE. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL TRAINING AND ORIENTATION DONE ARE SIGNED AND DATED. A MONTHLY CHECK WILL BE DONE TO ENSURE THAT DOCUMENTS ARE DULY SIGNED.

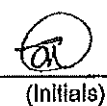
*The administrator will develop an audit tool for STAFF record review and review all STAFF records by 7/30/12 (S)*

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Mark Robinson Administrator	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></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

7/30/12  
RB

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

- Staff Person A has completed their 40th scheduled work hour. The staff person did not receive training in resident rights, the emergency medical plan, mandatory reporting of abuse and neglect, and reporting of reportable incidents.

- Staff Person B has completed their 40th scheduled work hour. The staff person did not receive training in resident rights, the emergency medical plan, mandatory reporting of abuse and neglect, and reporting of reportable incidents.

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

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

STAFF PERSON A NOW COMPLETE AND PASSED THE DEPARTMENT-APPROVED DIRECT CARE TRAINING COURSE. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL STAFF COMPLETE THE DEPARTMENT-APPROVED DIRECT CARE TRAINING COURSE PRIOR TO PROVIDING UNSUPERVISED ADL SERVICES.

STAFF PERSON B DID COMPLETE THEIR 40<sup>TH</sup> SCHEDULED WORK HOUR AND DID RECEIVED TRAINING IN RESIDENT RIGHTS, THE EMERGENCY MEDICAL PLAN, MANADATORY REPORTING OF ABUSE AND NEGLIGENCE, AND REPORTING OF REPORTABLE INCIDENTS BUT DOCUMENTS WERE NOT SIGNED. DOCUMENTS WAS SIGNED AND DATED ON 6/18/12.

*The administrator will develop an audit tool for STAFF records and review all STAFF records for compliance by 7/30/12 (8)*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Theresa Robinson Administrator</i>	Date <i>7-12-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/13/12</u> (Date)	Plan of correction implementation status as of <u>7/13/12</u> (Date)
The above plan of correction was approved by <u><i>JN</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**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 May 5, 2007, began providing unsupervised ADL services and has not completed and passed the Department-approved direct care training course.

- Direct care Staff Person C, hired on December 6, 2011 began providing unsupervised ADL services and has not completed and passed the Department-approved direct care training course. *- withdrawn 7/13/12 SW*

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

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

STAFF PERSON A DID COMPLETE THEIR 40<sup>TH</sup> SCHEDULED WORK HOUR AND DID RECEIVED TRAINING IN RESIDENT RIGHTS, THE EMERGENCY MEDICAL PLAN, MANADATORY REPORTING OF ABUSE AND NEGLECT, AND REPORTING OF REPORTABLE INCIDENTS ON 6/17/12. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL SUBSTITUTE STAFF PERSON IS FULLY TRAINED.

*The administrator will develop an audit to review audit all staff records by 7/30/12*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Robinson Administrator</i>	Date <i>7-12-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/13/12</u> (Date)  The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>7/13/12</u> (Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul>
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I DO NOT BELIEVE THAT THIS IS A VIOLATION. STAFF PERSON C DEPARTMENT APPROVED DIRECT CARE TRAINING COURSE WAS ON FILE AT THE TIME OF INSPECTION. PLEASE SEE ATTACHED DOCUMENT.

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Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home does not have a record of direct care staff training.

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 TRAINING WAS IN FILE BUT WAS NOT SIGNED BY STAFF MEMBERS, HOWEVER ALL SIGNATURES ARE NOW IN PLACE . IN THE FUTURE THE ADMINISTRATOR/DESINGEE WILL ENSURE THAT AFTER ALL TRAINING IS COMPLETE ALL STAFF WILL SIGN OFF THAT THE TRAINING IS RECEIVED. PLEASE SEE ATTACHED COPIES. A MONTHLY CHECK WILL BE DONE BY ADMINISTRATOR TO ENSURE THAT ALL DIRECT CARE STAFF TRAINING ARE DONE AND SIGNED.

The administrator will add any additional trainings to the plan as they occur and ensure the record includes staff signatures. The administrative assistant will develop the homes annual staff training plan each December, 2012 and issue the documents coordinate with the annual plan.

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


Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/13/12  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a staff training plan.

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 NOW MAINTAIN A STAFF TRAINING PLAN. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT A PROJECTED STAFF TRAINING PLAN IS DONE ANNUALLY. A QUARTERLY CHECK WILL BE DONE BY AMDINISTRATOR/DESIGNEE TO ENSURE THAT TRAINING PLAN IS IN PLACE.

The administrative assistant will develop the home's annual staff training plan each December, beginning 12/30/12. (SR)

The administrator will update the annual staff training plan as training occur beginning 7/30/12. (SR)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Hugh Robinson, Administrator	7-12-12

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/13/12  
 (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: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION  
 The facility has four floors, and all four floors were infested with flies.

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.

SCREENS WERE PLACED IN ALL WINDOW AND AT THE BACK DOOR OF THE BUILDING TO ELIMINATE THE INFESTATION OF INSECTS AND RODENTS. THE EXTERMINATOR ALSO CAME OUT AND SPRAYED THE BUILDING. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT A MONTHLY EXTERMINATION IS DONE SO AS TO ELIMINATE THE INFESTATION OF INSECTS OR RODENTS IN THE HOME. HOUSEKEEPING WILL DO A WEEKLY CHECK AND REPORT TO THE ADMINISTRATOR/DESIGNEE.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>J. Hugh Robinson Administrator</i>	<i>7-12-12</i>

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

The above plan of correction is approved as of <u>7/13/12</u> (Date)	Plan of correction implementation status as of <u>7/13/12</u> (Date)
The above plan of correction was approved by <u><i>JH</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 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 bathroom on the second floor did not have a lid on the trash can.

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 TRASH CAN IN THE BATHROOM ON THE SECOND FLOOR WAS REPLACED WITH A TRASH CAN WITH LID DURING INSPECTION. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE ALL BATHROOMS ARE EQUIPPED WITH TRASH CANS WITH LIDS. A DAILY CHECK WILL BE DONE BY HOUSEKEEPING STAFF TO ENSURE THAT ALL TRASH CANS ARE IN PLACE AND HAS LIDS.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Hugh Robinson, Administrator	7-12-12

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

The above plan of correction is approved as of <u>7/13/12</u> (Date)	Plan of correction implementation status as of <u>7/31/12</u> (Date)
The above plan of correction was approved by <u>ER</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: 19881 - 06/16/2012 - Yellenic, Clndy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The trash cans outside did not have any lids.

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 TRASH CANS OUTSIDE HAS LIDS BUT WERE NOT ON TOP OF TRASH CANS AT THE TIME OF INSPECTION. THEY WERE IMMEDIATELY PUT ON TRASH CANS. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL TRASH CAN LIDS ARE FIRMLY ON THE TRASH CANS. A DAILY CHECK WILL BE DONE TO ENSUR E TRASH CANS ARE SECURELY COVERED.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Steph Robinson Administrator</i>	Date <i>7-12-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/13/12</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>7/31/12</u> (Date) <i>RB</i> <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
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Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
 The window in the third floor bathroom does not have a screen.

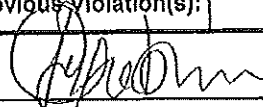
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

THE WINDOW IN THE THIRD FLOOR BATHROOM NOW HAS A SCREEN. MAINTAINANCE WILL DO A MONTHLY CHECK TO ENSURE THAT ALL WINDOWS HAS A SCREEN.

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)

*Debra Robinson* Administrator Date 7-12-12

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/31/12  
 (Date) RB

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

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

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 in the third floor bathroom does not have a toilet seat.

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 TOILET IN THE THIRD FLOOR BATHROOM NOW HAS A TOILET SEAT. IT WAS REPLACED DURING INSPECTION. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ALL TOILET ARE IN GOOD ORDER.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Joseph Robinson Administrator</i>	7-12-12

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

The above plan of correction is approved as of <u>7/13/12</u> (Date)	Plan of correction implementation status as of <u>7/31/12</u> (Date)
The above plan of correction was approved by <u><i>JR</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 <p style="text-align: right;"><i>RB</i></p>

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The backyard has metal railings laying around and wood planks laying in yard.

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 METAL RAILING AND WOODEN PLANKS WERE PLACED IN GOOD ORDER IN BACKYARD DURING INSPECTION. IN THE FUTURE THE ADMINISTRATOR WILL ENSURE THAT THE BACKYARD IS FREE OF CLUTTER AT ALL TIMES. A DAILY CHECK WILL BE DONE BY DESIGNEE TO ENSURE BACKYARD IS CLEAN AT ALL TIMES.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Heather Robinson Administrator	7-12-12

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/31/12  
 (Date) *RB*

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

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 has a mattress that is ripped on the sides compromising the safety and the fire retardation of the mattress.

**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 MATTRESS WAS REPLACED ON 6/18/12. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL MATTRESSES ARE IN GOOD ORDER AND ARE ALSO FIRE RETARDANT MATTRESS SO AS NOT TO COMPROMISE THE SAFETY OF THE RESIDENT. A DAILY CHECK WILL BE DONE ON ALL MATTRESSES BY HOUSEKEEPING STAFF AND A REPORT WILL BE GIVEN TO THE ADMINISTRATOR DESIGNEE.

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)

Joseph Robinson Administrator

Date 7-12-12

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/31/12  
 (Date) RB

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

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION  
 Room 5 on the second floor has three beds and only two chairs.

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.

A THIRD CHAIR WAS PLACED IN ROOM#5. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL ROOMS HAS THE CORRECT AMOUNT OF FURNITURE FOR EACH RESIDENT. A DAILY CHECK WILL BE DONE BY HOUSE KEEPING STAFF TO ENSURE ALL ROOMS ARE FURNISHED.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Olga Robinson Administrator</i>	7-12-12

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

The above plan of correction is approved as of 7/13/12  
 (Date)

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

Plan of correction implementation status as of 7/31/12  
 (Date) *RB*

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

**2a. DESCRIPTION OF VIOLATION**

The bed for Resident #4 does not have any linens on it.

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

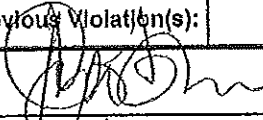
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

LINENS WERE REMOVED FROM RESIDENT#4 BED BECAUSE THEY WERE SOILED. THEY WERE REPLACED DRUING THE INSPECTION. IN THE FUTURE THE DESIGNEE WILL ENSURE THAT AFTER SOILED LINENS ARE TAKEN OF EACH BED THEY ARE REPLACED IMMEDIATELY WITH CLEAN ONES. A DAILY CHECK WILL BE DONE BY THE HOUSEKEEPING STAFF TO ENSURE ALL BEDS ARE FULLY MADE AT ALL TIMES.

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)


*Debra Robinson Administrator*

Date *7-12-12*

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/31/12  
 (Date) *RB*

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION  
 There is no bedside table or shelf beside the bed in room 7,

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.

A SECOND BEDSIDE TABLE WAS PLACED BESIDE THE BED IN ROOM#7. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL ROOMS HAS BEDSIDE TABLE THAT IS ACCESSIBLE TO THE RESIDENT. A DAILY CHECK WILL BE DONE BY HOUSEKEEPING STAFF TO ENSURE ALL ROOMS HAS ACCESSIBLE BEDSIDE TABLE.

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) *Heath Robinson Administrator* Date *7-12-12*

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

The above plan of correction is approved as of <u>7/13/12</u> (Date)	Plan of correction implementation status as of <u>7/31/12</u> (Date) <i>RB</i>
The above plan of correction was approved by <u><i>EW</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: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
 The bed in room 7 does not have a source of light that can be turned on/off from bedside.

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.

A SECOND SOURCE OF LIGHT WAS PLACED BESIDE THE BED IN ROOM#7. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL ROOMS HAS AN OPERABLE LAMP THAT IS ACCESSIBLE TO THE RESIDENT. A DAILY CHECK WILL BE DONE BY HOUSEKEEPING STAFF TO ENSURE ALL ROOMS HAS ACCESSIBLE LIGHTING.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Hugh Robinson Administrator</i>	7-12-12

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

The above plan of correction is approved as of 7/13/12  
 (Date)

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

Plan of correction implementation status as of 7/31/12  
 (Date)

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

*KB*

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION  
On June 16, 2012, at 9:10am, there was no toilet paper for the any of the toilets in the facility.

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.*

TOILET PAPER WAS PLACED IN ALL BATHROOMS AT THE TIME OF INSPECTION. IN THE FUTURE THE ADMINISTRATOR WILL ENSURE THAT ALL BATHROOMS HAVE TOILET PAPER FOR THE RESIDENTS USE. A DAILY CHECK WILL BE DONE BY THE HOUSEKEEPING STAFF TO ENSURE THAT A TOILET PAPER IS ALWAYS IN EACH BATHROOM.

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)

Daphne Robinson Administrator

Date 7-12-12

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

The above plan of correction is approved as of 7/13/12  
(Date)

Plan of correction implementation status as of 7/31/12  
(Date) RB

The above plan of correction was approved by   
(Initials)

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

The bathroom on the third floor did not have any soap available at the sink.

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.*

HAND SOAP WAS Poured IN THE SOAP DISPENSER IN THE BATHROOM ON THE THIRD FLOOR AT THE TIME OF INSPECTION. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE ALL HOUSEKEEPING STAFF SEE TO IT THAT THE SOAP DISPENSERS ARE FILLED WITH SOAP DAILY. A DAILY CHECK WILL BE DONE BY THE HOUSEKEEPING STAFF ALSO THE DESIGNEE TO ENSURE ALL BATHROOMS HAS SOAP FOR THE RESIDENTS TO WASH THEIR HANDS.

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)

Duane Robinson Administrator

Date 7-12-12

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/31/12  
 (Date) RB

The above plan of correction was approved by JW  
 (initials)

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 - On June 16, 2012 at 10:00am, the following products were in the kitchen refrigerator: 2 slices of individually wrapped cheese, undated; 2 loaves of raisin bread, expiration date, 5/29/2012, 2 - 16oz bags of lettuce, expiration date, 6/8/2012; 20 packages of hot dog rolls, expiration date, 6/4/2012.  
 - On June 16, 2012 at 10:15am, the following product in the basement refrigerator, Morning Delight Breakfast, had no date on it.

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 PRODUCTS FOUND IN THE REFRIGERATORS BOTH IN THE KITCHEN AND IN THE BASEMENT WERE DISCARDED IMMEDIATELY. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL CHECK ALL FOOD ITEMS BOUGHT TO ENSURE THEY ARE NOT EXPIRED BEFORE USE. A WEEKLY CHECK WILL BE DONE ALL FOODS ARE NOT EXPIRED BEFORE USE.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

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

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 (Date)

Plan of correction implementation status as of 7/31/12  
 (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: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

**2a. DESCRIPTION OF VIOLATION**

The home's written emergency procedures were not available.

**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'S EMERGENCY PROCEDURE IS NOW AVAILABLE. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT A COPY OF THE HOME EMERGENCY PROCEEDURE IS ALWAYS ON FILE. SEE ATTACHED COPY

*Withdrawn 7/13/12*  
*(Signature)*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heugh Robinson Administrator*      Date *7-12-12*

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

The above plan of correction is approved as of 7/13/12 (Date)

Plan of correction implementation status as of 7/13/12 (Date)

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

- Fully Implemented *(Signature)*
- Partially Implemented - Adequate Progress *(Signature)*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600.  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
 The home's written emergency procedures have not been submitted to the local emergency management agency.

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'S WRITTEN EMERGENCY PLAN WAS SUBMITTED TO THE LOCAL EMERGENCY MANAGEMENT AGENCY ON 6/21/2012. IN THE FUTURE THE ADMINISTRATOR WILL ENSURE THAT AN EMERGENCY PLAN IS SUBMITTED ANNUALLY TO THE LOCAL EMERGENCY MANAGEMENT AGENCY.

*The administrator will review the Emergency Management Plan annually and submit any changes to the PCH. E.M.A. (2)*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Lucretia Robinson Administrator</i>	<i>7-12-12</i>

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/13/12  
 (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: 19881 - 06/16/2012 - Yellenic, Cindy

PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

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

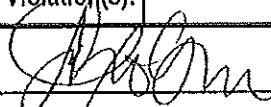
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

THE HOME NOTIFIED THE LOCAL FIRE DEPARTMENT IN WRITING OF THE ADDRESS OF THE HOME, THE LOCATION OF THE RESIDENT BEDROOMS AND ASSISTANCE NEEDED IN AN EVACUATION. THE LOCAL FIRE DEPARTMENT WAS NOTIFIED ON 6/21/12. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT THE LOCAL FIRE DEPARTMENT IS NOTIFIED ANNUALLY IN WRITING

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)

Amy N. Robinson Administrator

Date

7-12-12

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

The above plan of correction is approved as of

7/13/12  
(Date)

Plan of correction implementation status as of

7/13/12  
(Date)

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

The above plan of correction was approved by

  
(Initials)

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #5's last annual medical evaluation was completed on 1/14/12, the previous one was completed on 7/17/10.

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.*

RESIDENT#5 ANNUAL MEDICAL EVALUATION FOR 2011 WAS FOUND IN ANOTHER RESIDENT'S FILE. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL MEDICAL EVALUATION ARE PLACED ON THE RESPECTIVE RESIDENT'S FILE. A MONTHLY CHECK WILL BE DONE TO ENSURE ALL DOCUMENTS ARE ON THE CORRECT FILE.

*The administrator will develop an audit tool to review all resident records by 7/30/12  
 [Signature]*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Signature]*

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

*Lucretia Pro Garske, Administrator*

Date *7-12-12*

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/13/12  
 (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: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**2a. DESCRIPTION OF VIOLATION**

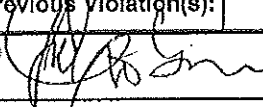
On June 16, 2012, chicken noodle soup, crackers, vegetables and fruit were listed on the menu for lunch. The residents were served oodles of noodles and crackers instead. No notice was provided to the residents in advance of the meal.

**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.*

ON JUNE 16, 2012 CHICKEN NOODLE SOUP, CRACKERS, VEGETABLE AND FRUIT WERE LISTED ON THE MENU FOR LUNCH, BUT OODLES OF NOODLES AND CRACKERS WAS SERVED, A NOTICE WAS NOT PROVIDE IN ADVANCE OF THE MEAL. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL PROVIDE NOTICE IN ADVANCE OF MEAL IF THERE IS A CHANGE IN MENU. A WEEKLY CHECK WILL BE DONE BY DESIGNEE TO ENSURE ALL MENUS ARE UP TO DATE AND PROVIDE NOTICE IF THERE IS ANY CHANGES.

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) Lucretia Robinson Administrator Date 7-12-12

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

The above plan of correction is approved as of 7/13/12 (Date)

Plan of correction implementation status as of 7/13/12 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy

PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

On June 16, 2012 at 10:00am, Apidra Solo Star unifine pens, 100 units ml and Lantus Solo Star pens for Resident #6, was unlocked and accessible to residents in the kitchen refrigerator.

**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.*

APIDRA SOLO STAR UNIFINE PENS, 100 UNITS ML AND LANTUSSOLO STAR PENS FOR RESIDENT #6 IS NOW IN A REFRIGERATOR IN THE ADMINISTRATOR'S OFFICE THAT IS KEPT LOCKED AT ALL TIMES UNLESS THERE IS A TRAINED STAFF PRESENT. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL PRESCRIBED MEDICATION ARE IN A LOCKED AREA.

*The administration will develop + present a training on medication administration to staff by 7/30/12 (SD)*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John K Robinson Administrator* Date *7-12-12*

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

The above plan of correction is approved as of 7/13/12 (Date)

Plan of correction implementation status as of 7/13/12 (Date)

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

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(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 June 16, 2012, Resident #3 has Ammonium Loc 12% Lotion, apply by topical route 2x day for dry skin. The medication is not listed on the Medication Administration Record.
- On June 16, 2012, Resident #7 has Proairhfaer- 2 puffs every 4 hours as needed for wheezing. The medication is not listed on the Medication Administration Record.
- On June 16, 2012, Resident #7 has Trazodone, 100 mg. tabs, take one tab by mouth at bedtime. The medication is not listed on the Medication Administration Record.

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 MEDICATION FOR RESIDENT #7 AND #3 ARE NOW LISTED ON THE MEDICATION ADMINISTRATION RECORD AND SIGNED. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL MEDICATIONS ARE LISTED ON THE MEDICATION ADMINISTRATION RECORD. A DAILY AUDIT OF THE MEDICATION ADMINISTRATION RECORD WILL BE DONE TO ENSURE ALL PRESCRIBED MEDICATIONS ARE LISTED.

*The Administrator will present a training in medication administration documentation to staff by 7/30/12. (S)*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Signature]* Robinson Administrator Date *7-12-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7/13/12 (Date)

Plan of correction implementation status as of 7/31/12 (Date)

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

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

*RB*

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

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  
 - On June 16, 2012, Resident #7 was prescribed a PRN for Naproxen, take one tab by mouth 2x day for pain as needed. The medication was not available in the home for the resident.

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

RESIDENT #7 PRESCRIBED PRN MEDICATION NAPROXEN TO TAKE ONE TAB BY MOUTH 2XDAY AS NEEDED FOR PAIN WAS DELIVERED ON 6/18/12. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL PRESCRIBED MEDICATION ARE IN HOUSE FOR RESIDENT. THE ADMINISTRATOR/DESIGNEE WILL DO A MONTHLY AUDIT TO ENSURE THAT PRESCRIBED MEDICATION DO NOT RUN OUT BEFORE A REORDER IS CALLED IN TO THE PHARMACY.

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 <u>7/13/12</u> (Date)	Plan of correction implementation status as of <u>7/31/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy

PCH Name: ROBINSON PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

There is no medication administration record for Resident #2.

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

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

THERE IS NOW A MEDICATION ADMINISTRATION RECORD FOR RESIDENT#2. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT THERE IS A MEDICATION ADMINISTRATION RECORD FOR EACH RESIDENT WHOM MEDICATION IS ADMINISTERED. A MONTHLY CHECK WILL BE DONE BY DESIGNEE TO ENSURE ALL MEDICATION ADMINISTRATION RECORD ARE ON FILE, beginning 7/15/12.

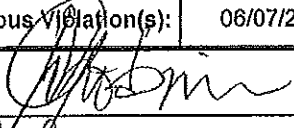
*The administrator will conduct a training on medication administration documentation to STAFF by 7/30/12.*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/07/2011

Signature of Legal Entity Representative  
(Required on EVERY Page)



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

*Heath Prosen Administrator*

Date *7-12-12*

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

The above plan of correction is approved as of

*7/13/12*  
(Date)

Plan of correction implementation status as of

*7/13/12*  
(Date)

The above plan of correction was approved by

*SN*  
(Initials)

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

**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.


**2a. DESCRIPTION OF VIOLATION**

- The medication administration record for Resident #3 does not include a signature for Furosemide 40mg. take on tab by mouth twice a day for HTN on 6/15/2012 at 8:00pm.
- The medication administration record for Resident #3 does not include a signature for Furosemide 40mg. take on tab by mouth twice a day for HTN on 6/16/2012 at 8:00am.
- The medication administration record for Resident #3 does not include a signature for Diovan 160 mg. take one tab by mouth daily for HTN on 6/16/2012 at 8:00am.
- The medication administration record for Resident #7 does not include a signature for Clotrimazole/Bet/Dip Dipropr - Apply to affected area twice a day for topical inflammation on 6/13/2012, 6/14/2012, 6/15/2012 at 8:00pm.
- The medication administration record for Resident #7 does not include a signature for Furosemide 40mg. take on tab by mouth twice a day for HTN on 6/15/2012 at 8:00pm. Depakote, take 2 tabs orally in the morning and 2 at evening for 6/16/2012 at 8:00am.

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

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

MEDICATION ADMINISTRATION RECORD FOR RESIDENT#3 AND #7 WAS DULY SIGNED AS PER MEDICATION GIVEN. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL MEDICATION ADMINISTERED ARE SIGNED FOR AS SOON AS THE RESIDENT TAKE IT. A DAILY AUDIT WILL BE DONE BY ADMINISTRATOR/DESIGNEE TO ENSURE ALL SIGNATURES ARE IN PLACE.

*The Administrator will conduct a training on the importance of initially the MAR and the correct method of medication administration by 7/30/12.*  


Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)


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

Date 7-12-12

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

The above plan of correction is approved as of 7/13/12  
 (Date)

Plan of correction implementation status as of 7/13/12  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

On June 16, 2012, Resident #1 was supposed to receive Oxybutynin Cholrid 5mg., take 1 tab by mouth, 3x day for bladder. At 3:15pm the resident had not been given the 1:00pm 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.*

ON JUNE 16, 2012 RESIDENT #1 WHO WAS SUPPOSED TO RECEIVE OXYBUTYNIN 5MG., TAKE 1 TAB ORALLY 3XDAY FOR BLADDER. DID NOT RECEIVE IT AT 1PM AS WAS SUPPOSE TO, RESIDENT WAS OUT SHOPPING AND DID NOT GET BACK UNTIL 5:15PM. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE RESIDENT TAKE THEIR MEDICATION ALONG WITH THEM.

*The administrator will conduct training with the staff to advise them on the importance of timely medication administration by 7/30/12.*

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) <i>Theresa Robinson Administrator</i>	Date <i>7-12-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/13/12</u> (Date)	Plan of correction implementation status as of <u>7/13/12</u> (Date)
The above plan of correction was approved by <u><i>TR</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19881 - 06/16/2012 - Yellenc, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION  
 The home's activities program does not include any activities other than watching TV.

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 ACTIVITIES PROGRAM DID HAVE OTHER ACTIVITIES OTHER THAN WATCHING TV.  
 SEE ATTACHED ACTIVITIES CALENDAR.

*The administrator will develop an activity calendar that includes social, physical, intellectual & recreational activities and post the schedule weekly beginning 7/13/12.*

*(S)*

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) *John P. Saw* Administrator Date *7-12-12*

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

The above plan of correction is approved as of <u>7/13/12</u> (Date)	Plan of correction implementation status as of <u>7/13/12</u> (Date)
The above plan of correction was approved by <u><i>(S)</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: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #3 had an assessment on 12/20/10 and the next one on 1/16/12, more than a year had lapsed.

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 ASSESSMENT FOR 2011 WAS DONE ON 6/18/2012 AND BACK-DATED FOR 9-7-2011.  
 IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL RESIDENT ASSESSMENT IS  
 DONE ANNUALLY AND ON TIME. A MONTHLY CHECK OF ALL FILES WILL BE DONE BY DESIGNEE  
 TO ENSURE ALL ASSESSMENTS ARE DONE.

The administrator will develop an audit tool to track due dates  
 of all resident assessments by 7/30/12. *ED*

The administrative assistant will review all resident records  
 to ensure that the assessments are completed annually or if  
 there is a significant change by 7/30/12. *SN*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*Heidi Robinson Administrator*

Date

*7-12-12*

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

The above plan of correction is approved as of

7/13/12  
 (Date)

Plan of correction implementation status as of

7/31/12  
 (Date)

The above plan of correction was approved by

*SN*  
 (Initials)

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

*RB*

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #5's support plan did not have any signatures.

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 #5 SUPPORT PLAN DID NOT HAVE THE SIGNATURE OF THE ADMINISTRATOR.  
 RESIDENT SUPPOT PLAN IS DULY SIGNED. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE  
 WILL ENSURE THAT ALL SUPPORT PLAND ARE SIGNED AND DATED. THE ADMINISTRATOR/DESIGNEE  
 WILL DO A MONTHLY CHECK OF ALL RESIDENT'S FILE TO ENSURE ALL DOCUMENTS TO BE SIGNED ARE  
 SIGNED AND DATED.

*The administrator/administrative assistant will review All resident support plans to ensure that they are signed and dated by individuals who participate in the development of the support plan by 7/30/12 (SN)*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Heath Robinson Administrator*      Date *7-12-12*

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

The above plan of correction is approved as of 7/13/12  
 (Date)

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

Plan of correction implementation status as of 7/31/12  
 (Date)

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

*RB*

Violation Report: 19881 - 06/16/2012 - Yellenic, Cindy  
 PCH Name: ROBINSON PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

- Resident #1's record does not include a photograph of the resident.
- Resident #5's record does not include a photograph of the resident.
- Resident #7's record does not include a photograph of 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.*

RESIDENTS #1,5,AND 7 RECORD NOW INCLUDE A PHOTOGRAPH. IN THE FUTURE THE ADMINISTRATOR/DESIGNEE WILL ENSURE THAT ALL RESIDENTS HAVE A UP TO DATE PHOTOGRAPH ON THEIR FILE. AN ANNUAL CHECK WILL BE DONE BY DESIGNEE TO ENSURE ALL PHOTOGRAPHS ARE ON FILE AND PHOTOGRAPHS ARE CURRENT.

*The Administrative Assistant will develop an audit tool to ensure all of the required elements are contained in All resident records by 7/30/12 SW*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*Luigi Robinson Administrator*

Date

*7-12-12*

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

The above plan of correction is approved as of

*7/13/12*  
 (Date)

Plan of correction implementation status as of

*7/31/12*  
 (Date)

The above plan of correction was approved by

*SW*  
 (Initials)

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

*RB*