

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SISTERS OF SAINTS CYRIL AND METHODIUS

LEGAL ENTITY

To operate MARIA JOSEPH MANOR

NAME OF FACILITY OR AGENCY

Located at 875 MONTOUR BLVD., DANVILLE, PA 17821

(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 95
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 September 30, 2012 until September 30, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 200320

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



SEP 18 2012

Sister Marcine Klocko, Treasurer
Sisters of Saints Cyril and Methodius
875 Montour Boulevard
Danville, Pennsylvania 17821

RE: Maria Joseph Manor
875 Montour Boulevard
Danville, Pennsylvania 17821

Dear Sister Klocko:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 26, 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 Human Services Licensing so that compliance can be verified.

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

Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 20032 - 08/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 65 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 The contract of resident Resident #1 (dated 12/9/11) did not include a fee schedule of additional services offered such as cable television, laundry services, transportation fees and miscellaneous medical and hygiene supplies.

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 problem occurred when "see attached" was tagged on the resident's contract agreement. The attachment was a copy of the current rates and services to give to [redacted] POA (granddaughter). A copy of the current pricing list was given to resident # 1 with a signed copy retained in [redacted] record to rectify the problem. Completed July 24, 2012

We will do the exact same process for every resident in our PCH. Currently we do give them a copy. We just haven't made them sign for them. If there is a rate increase, we do notify the residents (30 days in advance) and keep a signed copy of their new monthly rate. This should be a much easier process to keep on top of.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Raymond R. Ripka, Administrator</i>	Date <i>07-19-2012</i>
---	------------------------

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

The above plan of correction is approved as of 8/12
 (Date)

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

Plan of correction implementation status as of 8/12
 (Date)

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

Violation Report: 20032 - 08/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 65 Pa.Code §2600
 2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met; A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #2 began receiving hospice services on 3/24/12. Staff person Staff Person "A", who is the administrator, stated the resident does not always move from his/her room into the hallway which is a designated fire-safe area during fire drills, and sometimes "defends in place" by remaining in their room. Resident #2 remained in his/her room during the fire drills conducted on 3/27/12 and 5/31/12. The home did not obtain a statement from the resident's physician indicating the resident is actively dying and may suffer bodily injury or hastened death as a result of participating in a fire drill and therefore must participate in each drill.

This is a simple misunderstanding of the application of the regulation. Maria Joseph Manor, PCH has 13 fire safe zones within our structure confines. At most times during drills, many of our residents are within fire safe zones when the alarm is sounded. The following procedures are implemented:

- 3. PL** Implemented: rd
Incl
inn
1. Staff has been pre-assigned to a zone(s) depending on the shift worked.
 2. Upon the alarm being sounded, a staffer goes to the assigned zone to ready the residents for evacuation and takes roll of residents accounted for within the zone. **EVACUATED** magnets are placed within the closed door frames and residents stay in the hall within the fire safe zone until a need for evacuation movement is necessary. We communicate floor to floor with walkie talkies. (Please note that on lower staff count times, our procedure is to go to the area designated by the alarm. All staffers begin to evacuate all residents within the alarm area to safety prior to moving to the remaining fire safe zones. One of our staffers will alert the administrator, who will then activate our "one call" system to alert off duty personnel to come to the facility to assist in the evacuation.
 3. In the case of resident # 2, a hospice resident who at this time is not actively dying, the staffer goes to that resident's fire safe zone makes sure that the hospice resident is ready to evacuate and has a wheelchair nearby to assist. Staffer stands in the resident's doorway to keep tabs on the hospice resident and at the same time keep tabs on the other residents in the fire safe zone. The resident is within 10 feet of the doorway. The staffer will evacuate the hospice resident if necessary. This seems to be a common sense approach to the evacuation procedure.

Our plan of correction is to:

1. Put the hospice resident in a wheelchair or assist with walker to the /hallway meeting area to ready for evacuation.
2. Evacuate to a fire safe zone nearby
3. In the event of status change, all paperwork will be procured to allow for resident to stay in room during fire drills.

The administrator, director of care, and designees will all be responsible for new procedure training for hospice resident evacuation. This procedure was put into place June 27, 2012 following the exit interview with the licensing reps.

1. A conversation was held with resident # 2 on June 27, 2012
2. A formal meeting and discussion was held with resident's POA (son) on July 16, 2012 to explain situation and answer any questions.

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

Signature of Legal Entity Representative *Raymond R. Ripka*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Raymond R. Ripka, Administrator* Date *07-19-2012*
 (Required on EVERY Page)

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

The above plan of correction is approved as of *8/15/12*
 (Date)

Plan of correction implementation status as of *8/15/12*
 (Date)

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

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

Violation Report: 20032 - 06/28/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #2 began receiving hospice services on 3/24/12. Staff person "A", who is the administrator, stated the resident does not always move from his/her room into the hallway which is a designated fire-safe area during fire drills, and sometimes "defends in place" by remaining in their room. Resident #2 remained in his/her room during the fire drills conducted on 3/27/12 and 5/31/12. The home did not obtain a statement from resident #2, the resident's power of attorney for health care, or legal guardian indicating consent had been obtained for the resident to not be moved during fire drills.

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.

In the event that a resident is admitted to hospice care, and when said resident is diagnosed in the mode of "actively dying" by the attending Hospice organization, any and all paperwork regarding non-participation in fire drills will be procured from:

1. Physician
2. POA or Legal Guardian

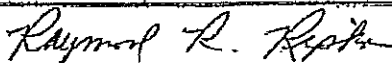
Also, the resident's support plan will be updated to validate the change in the resident's condition. The local fire department will be alerted to the status and location of an immobile resident.

Director of Care/Administrator will update support plan.

Administrator - working with our new Campus Safety Officer, will notify fire department.

Plan Implementation Date - July 19, 2012

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
Raymond R Ripka, Administrator	07-19-2012

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

The above plan of correction is approved as of <u>9/5/12</u> (Date)	Plan of correction implementation status as of <u>9/5/12</u> (Date)
The above plan of correction was approved by <u>RB</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

Violation Report: 20032 - 06/28/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION
 Resident #2 began receiving hospice services on 3/24/12. Staff person "A", who is the administrator, stated the resident does not always move from his/her room into the hallway which is a designated fire-safe area during fire drills, and sometimes "defends in place" by remaining in their room. Resident # 1 remained in his/her room during the fire drills conducted on 3/27/12 and 5/31/12. The home did not obtain a statement from resident #1, the resident's power of attorney for health care, or legal guardian indicating consent had been obtained for the resident to not be moved during fire drills.

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.

In the event that a resident is admitted to hospice care, and when said resident is diagnosed in the mode of "actively dying" by the attending Hospice organization, any and all paperwork regarding non-participation in fire drills will be procured from:

1. Physician
2. POA or Legal Guardian

Also, the resident's support plan will be updated to validate the change in the resident's condition. The local fire department will be alerted to the status and location of an immobile resident.

Director of Care/Administrator will update support plan.

Administrator - working with our new Campus Safety Officer, will notify fire department.

Plan Implementation Date - July 19, 2012.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RAYMOND R. RIPKA, ADMINISTRATOR** Date **07-19-2012**

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

The above plan of correction is approved as of <u><i>7/19/12</i></u> (Date)	Plan of correction implementation status as of <u><i>7/19/12</i></u> (Date)
The above plan of correction was approved by <u><i>BB</i></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

Violation Report: 20032 - 05/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff worker "B" did not have a high school diploma, a GED or record that they had obtained a C.N.A.

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.

SEE ATTACHMENT "A"

This particular oversight was due to our human resource office change and updates in filing. Following the inspection, we were able to readily procure the diploma of staffer "B".

Human Resource Department will procure and keep all original records.

Building Administrator will keep copies as a double check.

Correction Completed - June 28, 2012

The administrator will monitor for ongoing compliance
M
9/7/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Raymond R. Ripka

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

Raymond R Ripka, Administrator

Date *07-20-2012*

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

The above plan of correction is approved as of

9/7/12
 (Date)

Plan of correction implementation status as of

9/7/12
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

Violation Report: 20032 - 06/26/2012 - O'Haire, Anna
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The following telephone locations had the incorrect number listed for the Personal Care Home Hotline number:

- The phone located at the 2nd and 3rd floor nurse's desk
- The phone located next to the bed in room #207 and #230

The following telephone locations did not have the required phone numbers posted on or near the phone:

- The phone located next to the bed in room #213
- The phone located next to the second bed in room #104
- The phone located in the living area in room #214 and #306
- The phone located near the chair in room #109
- The phone located next to the bed and in the living area in room #324

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.

Fluorescent Emergency green stickers have been purchased. They arrived on July 19, 2012 and were printed with the updated and correct PCH Complaint Hotline along with the other phone numbers required by the regulation.

The Maria Joseph Campus Safety and Security Officer will begin placing on or nearby all phones with outside lines. They will check monthly for removal or damaged stickers and document. Building administrator will sign off each month on the documentation as a double check.

Correction completed - July 20, 2012

Fire/Police
 Ambulance
911

EMA
271-3047

Poison Control
 Center
1-800-222-1222

Hospital
271-6211

PCH Complaint
 Hotline
1-877-401-8835

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Raymond R. Ripka

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

RAYMOND R. RIPKA, ADMINISTRATOR

Date 12-24-12

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

The above plan of correction is approved as of

9/5/12
 (Date)

Plan of correction implementation status as of

9/5/12
 (Date)

The above plan of correction was approved by

RB
 (Initials)

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

Violation Report: 20032 - 06/28/2012 - O'Haire, Anna
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
 Single occupancy room #306 did not have a bedside table or shelf.

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

A shelf or table has been added to the bedside location in room 306. The Campus Safety Officer will conduct a monthly inspection of all resident rooms to insure shelves or tables are in place and all bedside lighting is working. Documentation is checked by building administrator following the monthly inspection.

Correction Implemented - July 20, 2012

** The administrator will monitor for ongoing compliance.*

MR
9/7/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RAYMOND R. RIPKA, Administrator</i>	Date <i>07-20-2012</i>
---	------------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9/7/12</u> (Date)	Plan of correction implementation status as of <u>9/7/12</u> (Date)
The above plan of correction was approved by <u><i>MR</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: 20032 - 08/26/2012 - OHaire, Anne
 PCH Name: MARIA JOSEPH MANOR

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

2a. DESCRIPTION OF VIOLATION
 There was no source of bedside lighting in single occupancy room #214 and #306.

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.

[REDACTED] The Campus Safety Officer will conduct a monthly inspection of all resident rooms to insure shelves or tables are in place and all bedside lighting is working. Documentation is checked by building administrator following the monthly inspection.

Correction Implemented -- July 20, 2012

* The administrator will monitor for ongoing compliance through 9/7/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Raymond R. Ripka, Administrator Date

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

The above plan of correction is approved as of <u>9/7/12</u> (Date)	Plan of correction implementation status as of <u>9/7/12</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: 20032 - 08/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The freezer compartment of the "Hotpoint" brand refrigerator located on the home's 2nd floor had a temperature reading of 6 degrees Fahrenheit and 10 degrees Fahrenheit.
 The freezer compartment of the "GE" brand refrigerator located on the home's 3rd floor had a temperature reading of 18 degrees Fahrenheit and 10 degrees Fahrenheit.
 The temperature in the "Jameson" brand refrigerator located in the home's kitchen was 44 degrees Fahrenheit when measured on two different occasions.

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 Jameson refrigerator has been repaired and is now holding temperature. Correction was made on July 3, 2012. (See Attached paperwork)

The Hotpoint refrigerator temperature gage has been reset (June 29, 2012) and seems to be holding the temperature well. Frozen food is frozen and items are very chilled in the refrigerator. Final temp today (07-24-12) was 0 in the freezer and 38 in the refrigerator.

The GE side by side refrigerator on the second floor will be replaced as it looks like the freezer is not holding the correct temperature. The refrigerator is holding temp and we are only using that part of the appliance. Last temps were 6 and 12 in the freezer and 40 in the refrigerator. We plan to have an alternative refrigerator/freezer by August 1, 2012.

** The administrator/designee will monitor for correct temperatures daily and for ongoing compliance. mm 9/7/12*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka, Administrator* Date *07-24-2012*

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

The above plan of correction is approved as of 9/5/12 (Date)

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

Plan of correction implementation status as of 9/5/12 (Date)

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

Violation Report: 20032 - 06/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

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

2a. DESCRIPTION OF VIOLATION
 The following items located in the home's "Jameson" brand freezer had been kept beyond the 6 month permissible time frame:
 A plastic container of pumpkin dated 11/24/11
 A plastic container of pulled pork dated 9/27/11
 A plastic container of nut pudding dated 11/29/11

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

The 3 items left in the freezer are examples of a need to maintain better control documentation. [REDACTED]
 [REDACTED] our director of food service with Sodexo Foods has indicated that he is ordering a weekly documented check of all freezers and refrigerators to begin immediately. This includes the continuation of temperature controls as well as leftover food supply.

[REDACTED] and [REDACTED] kitchen supervisors, are responsible to carry out the control checks.
 Copies of the documentation will be filed by the food service director and shared with the building administrator.

Plan Implementation began -- July 1, 2012

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Raymond R. Ripka</i>
--	-------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Raymond R. Ripka, Administrator	07-20-12

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

The above plan of correction is approved as of <u>9/5/12</u> (Date)	Plan of correction implementation status as of <u>9/5/12</u> (Date)
The above plan of correction was approved by <u>BB</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: 20032 - 06/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 65 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.
 Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home did not complete their annual fire safety inspection within the required time frame. The home completed their fire safety inspection on 4/25/11 and for this year the inspection was completed on 6/8/12.

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

Documentation was ^{written and} received on June 26, 2012 that an inspection was held on April 25th 2012. The previous was held & completed April, 25, 2011. Both were completed by Crocker Fire Safety Co. In the future all inspections will be completed within 12 mos. of inspection. Administrator and Safety Compliance Officer will validate records. I do not believe we are in violation of this regulation based on the following criteria:

1. We had an inspection, fire drill, educational critique of the drill, and workshop for employees.
2. We were within 9 months of the previous years annual inspection.
3. I asked why they were inspecting so much earlier this year and the response was "It is due" as it runs from the 15th of July each year as our inspection year. If that is true, we still meet the criteria to be within the regulation.
4. ~~The regulation does not imply that we need a fire safety expert to inspect annually within the 12 months of the previous inspection. If that is not the case scenario, what should our date deadline be for 2013? April 25, 2013 or June 8, 2013? Please advise.~~

Raymond Ripka
 9/5/24

RRR
 9/5/24

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka, Administrator* Date *07-30-2012*

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

The above plan of correction is approved as of 9/5/12
 (Date)

Plan of correction implementation status as of 9/5/12
 (Date)

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

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

Violation Report: 20032 - 06/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

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

During the fire drills conducted on 3/27/12 and 5/31/12, hospice recipient Resident #2 "defended in place" by remaining in his/her room instead of moving into the hallway which is a designated fire-safe area. The home's monthly fire drill record incorrectly indicates that all residents evacuated to a designated fire-safe area during drills conducted on these dates.

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.

Please advised that the Plan of Correction explained in 2600.29a(b)(1) will be used for all residents regardless of their medical situation.

Our plan of correction is to:

1. Instruct and continually educate the residents to make their egress to the ~~door~~/hallway meeting area to ready for evacuation.
2. Evacuate to a fire safe zone ~~nearby if necessary~~. *RRR 9/5/12*
3. In the event of status change, all paperwork will be procured to allow for resident to stay in room during fire drills. (ei. hospice)

RRR 9/5/12
fire safe

* The administrator, director of care, and designees will all be responsible for new procedure training for hospice resident evacuation. This procedure was put into place June 27, 2012 following the exit interview with the licensing reps.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Raymond R. Ripka

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

Raymond R. Ripka, Administrator

Date *07-19-2012*

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

The above plan of correction is approved as of

9/5/12
 (Date)

Plan of correction implementation status as of

9/5/12
 (Date)

The above plan of correction was approved by

RR
 (Initials)

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

Violation Report: 20032 - 06/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The facility did not conduct a sleep time fire drill during the past six months. The most recent fire drill was held on 10/23/2011 at 5:18 am.

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 onus of this violation falls directly on me the administrator. I've always held the sleep time fire drills in October (as part of fire prevention month) and May. Since we were hiring a new safety officer I thought we should have him conduct the next sleep time drill and I misinterpreted the regulation to be once within each six month period. We had planned to have the next sleep time drill in June following his training (it was held June 29, 2012).

Our Plan of correction is to have one of the sleep time drills in October 2012 and the other in May 2013.

1. All fire and disaster drills will be conducted by the Campus Safety officer.
2. Critique of each drill will be immediately following the drill and discussions will be held with the Safety Officer and Administrator to review problematic areas.
3. The fire safety expert will be here sometime between April 1 and July 1 each year to conduct inspection, drill, and hold education forum with residents and staff.
4. Safety Officer will convey all fire drill statistics to our campus safety committee
5. Education on fire safety will be discussed with the resident as part of the resident's council meetings each two months.

* The administrator will monitor for ongoing compliance (initials) 7/1/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka, Administrator* Date *07-24-2012*

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

The above plan of correction is approved as of 7/1/12 (Date)

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

Plan of correction Implementation status as of 7/1/12 (Date)

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

Violation Report: 20032 - 06/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa. Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The facility's fire drills exhibited a pattern of conducting the home's fire drills during the last week of the month.

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 disagree and feel that we are not in violation of the regulation based on the following information:

1. From the dates of July 2011 to June 2012 - 8 of the drills were held during the 4th week of the month, while 4 were held during the 3rd week of the month. The regulation does not specify nor indicate a variance in the week held, but rather the day, the hours, and the staff present.
2. The days are varied with 4 drills held on Tuesday, 3 on Thursday, 2 each on Friday and Wednesday, and 1 on Monday.
3. Times: 3 were held in 1:00 - 2:00 PM slot; 2 in the 9:00 - 10:00 AM slot; 2 in the 3:00 - 4:00 PM slot; with one each in 10:00 - 11:00 AM, 12:00 - 1:00 PM slots. Our sleep time drills were held at 5:18 and 6:30 AM.

I do see an emerging pattern of not enough evening drill time hours this past year. I will immediately seek a plan of performance that will include drills in those time slots to better prepare our residents and staff, by conferring with our Safety Officer and Director of Care. This is a very important agenda item for me.

Please advise if this violation can be annulled and not part of the report.

*Violation
 W/D
 M. Mostaklyk
 9/7/12*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka, Administrator* Date *07-24-2012*

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

The above plan of correction is approved as of _____ (Date)

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

Violation W/D

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 20032 - 06/26/2012 - O'Hara, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident # 4 was admitted to the home on 10/18/11. The initial medication evaluation (completed 8/1/11) was completed more than 60 days prior to the resident's admission to the home and therefore was not completed in a timely manner.

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.

In this particular case, the date the doctor signed the document was different than the day of the evaluation. All other charts were in order as witnessed by the licensing representative. Therefore, this is a simple oversight and there is no need to change the current system in place.

The director of care completes and oversees all medical records. The administrator confers with the director as a reminder and double check to stay in date compliance.

A discussion was held and all resident records were checked for accuracy July 24, 2012.

*Note! The above data should be for resident #3 rather than #4.
 Date of Admission was 10-17-11 according to all documents in record. Raymond R. Ripka*

** The administrator / Designee will monitor for ongoing compliance in 9/1/12*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka, Administrator* Date *07-24-12*

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

The above plan of correction is approved as of <u>9/1/12</u> (Date)	Plan of correction implementation status as of <u>9/1/12</u> (Date)
The above plan of correction was approved by <u>BB</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: 20032 - 06/28/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION
 The home's emergency medical plan indicates residents must be transferred to Geisinger Medical Center in the event of a medical emergency and does not specify residents may utilize a hospital of their choosing, if possible. In addition, the policy also does not indicate the home's emergency staffing plan in the event additional staffing is needed.

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.

See attached

* The administrator will monitor for ongoing compliance.

mm
 9/17/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Riska*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raymond R. Riska, Administrator* Date *07-24-12*

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

The above plan of correction is approved as of <u>9/15/12</u> (Date)	Plan of correction implementation status as of <u>9/15/12</u> (Date)
The above plan of correction was approved by <u>BS</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



143a
BB a/s/h

Standard Operating Policy for Emergency Staffing Plan

2600-143a

In the event that the home have a need to phone in additional staff personnel to provide for resident care during a medical emergency, the following steps will be followed:

1. Should the Administrator not be present at the time of the medical emergency, he/she should be notified by the designee by phone using # 570-854-██████████
2. The administrator or designee will begin phoning off duty staff in the order listed:
 - a. Director of resident Care – 570-389-██████████
 - b. Chief Operations Officer – 570-951-██████████
 - c. Direct Care Staff – using the staff phone directory located in the nursing office on the first floor of the personal care home.
 1. The need for who to phone shall be determined by the administrator/designee following an evaluation of the emergency, but in normal circumstances will be made based on the experience of the staffer to respond and handle the emergency.
 - d. Maintenance / Transportation – 570-854-██████████

Added and revised September 5, 2012

The Meadows
Independent Living
93 Tower View Circle
Danville, PA 17821
Phone: (570) 271-1000
Fax: (570) 271-0848

Maria Joseph Manor
875 Montour Blvd.
Danville, PA 17821
Phone: (570) 275-4221
Fax: (570) 275-4711

Nazareth Memory Center
610 Schoolhouse Road
Danville, PA 17821
Phone: (570) 275-8701
Fax: (570) 275-4596

Emmanuel Center
for Nursing & Rehabilitation
Skilled Care
600 Schoolhouse Road
Danville, PA 17821
Phone: (570) 275-6100
Fax: (570) 275-9056

MARIA JOSEPH MANOR
875 Montour Blvd
Danville, PA 17821
(570) 275-4221

143a ~~BB 2/12~~

CALL-IN OF OFF DUTY PERSONNEL

POLICY:

Off duty personnel will be recalled to Maria Joseph Manor should an emergency or disaster situation occur. The administrator or designee will make the determination as to whether or not off duty personnel will be recalled.

Department Directors will be responsible for notifying their respective department personnel. Department Directors will also be responsible for maintaining a current roster of their department personnel, which must include telephone numbers where each can be contacted.

Raymond R. Ryko 07-24-2012

USE OF VOLUNTEERS

POLICY:

Should a fire or other disaster occur, volunteers may be used as deemed necessary by the Administrator. A volunteer phone chain will be initiated, as necessary, during emergency or disaster situations.

A copy of the phone chain will be maintained with the Emergency phone numbers.



143a BB 9/5/12

Emergency Care Level Policy

Our resident _____ has the right to choose an emergency level status. In the event no emergency care level is chosen, it is the policy of this personal care home to notify emergency services and transport the resident to the nearest hospital emergency room or hospital of the resident's choice. If a resident chooses a full code, a response to cardiac arrest will be initiated if the arrest is witnessed. CPR will not be initiated if the arrest is not witnessed and there has been greater than five minutes lapse since the resident had been seen. Should that scenario occur, the physician and family will be notified and appropriate documentation shall be sent to the Department of Public Welfare.

Pls if possible 9/5/12
Emergency Care Options

1. _____ Full Code – Initiate CPR – contact emergency transport personnel.
2. _____ Staff instructed to notify emergency medical personnel arrange for transport to nearest acute care medical facility or the hospital of resident's choice. Hospital Choice is: _____
3. _____ Ambulance transport to the nearest or resident's choice of hospital. In the event of cardio pulmonary resuscitation (CPR) – DO NOT RESUSCITATE! RESIDENT DOES NOT WANT CPR.
4. _____ Do not hospitalize – Palliative Care: DO NOT RESUSCITATE! Emphasis on comfort and symptom control.

 Resident Signature Date

 Responsible Party / POA Relationship Date

 Physician's Signature Date

 Witness Signature Date

Revised – June 29, 2012

Raymond R. Keph
 07-24-2012

The Meadows
 Independent Living
 93 Tower View Circle
 Danville, PA 17821
 Phone: (570) 271-1000
 Fax: (570) 271-0848

Maria Joseph Manor
 875 Montour Blvd.
 Danville, PA 17821
 Phone: (570) 275-4221
 Fax: (570) 275-4711

Nazareth Memory Center
 610 Schoolhouse Road
 Danville, PA 17821
 Phone: (570) 275-8701
 Fax: (570) 275-4596

Emmanuel Center
 for Nursing & Rehabilitation
 Skilled Care
 600 Schoolhouse Road
 Danville, PA 17821
 Phone: (570) 275-6100
 Fax: (570) 275-9056

Violation Report: 20032 - 06/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa. Code §2600
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Staff person "C" while they were interviewed did state that they transport resident's Independantly and they did not receive training as a direct care care staff person.

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.

When we transport residents from Maria Joseph Manor in our van, we are very selective about who may be transported without assistance with ADL's. As part of the resident's support plan, an Indicator of need during a transport is established. If the resident is independent, physically, and cognitively able to go to appointments on their own, we simply transport them in our van or arrange transportation through the AAA. It is only when the resident is unable to go alone that either a family member capable in attending the resident's needs or a trained care giver accompanies the resident.

Our van drivers, who are part of our maintenance team, are current in their training for CPR and First Aid.

As a double check, the director of care will be double checking all support plans on July 25, 2012 for accuracy and to update information.

If this plan is accepted, the administrator will develop an admission form strictly pertaining to independence in transportation for all new residents and changes on existing residents.

* Residents transported by Facility shall be accompanied by a staff person who meets the qualifications identified in 2600.65. The administrator will assure ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 9/7/12

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Raymond R. Ripka, Administrator Date 07-24-2012

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

The above plan of correction is approved as of 9/7/12 (Date) Plan of correction implementation status as of 9/7/12 (Date)

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

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

Violation Report: 20032 - 05/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

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

The facility was found to have expired Bisacodyl 10 mg Laxative Suppositories to be given rectally PRN for constipation on hand for the following residents:
 Resident #5 Bisacodyl Suppositories expired 3/12
 Resident # 6 Bisacodyl Suppositories expired 10/11

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

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

We have an LPN assigned to this duty of double checking for:

1. Expired medications
2. Diagnosis and Med Tech signatures listed on the MAR's

This is a good double check system that wasn't done correctly because the meds in the refrigerator were not checked for dates. The responsible person was counseled and now knows that they will be disciplined in line with our current human resource policy should there be a repeat of this event.

** The administrator will monitor for ongoing compliance.*
mm
9/7/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Raymond R. Ripka</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Raymond R. Ripka, Administrator</i>			Date <i>07-24-12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u><i>9/5/12</i></u> (Date)		Plan of correction implementation status as of <u><i>9/5/12</i></u> (Date)	
The above plan of correction was approved by <u><i>RB</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: 20032 - 06/26/2012 - O'Haire, Anna
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa. Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #6 MAR's was not initiated on 6/24/2012 at 8:30 pm that they received their following medications:

1. Acetamin ES 600 mg caplets orally. Take 2 caplets 2 times a day.
2. Donepezil tabs. 20 mg, take one tablet orally at bed time.
3. Enalapril Tab 20 mg tab, take one tab orally 2 times a day.
4. Hydralazine tab. take one tab 3 times a day.
5. Isosorb Dln tab 10 mg, take one tab 3 times a day. Lantus INJ 100 /ML, inject 10 Units subcutaneously at bed time. Hold if glucose is less than 80.

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.

SEE ATTACHED - NEXT PAGE

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Raymond R. Ripka, Administrator Date 07-24-2012

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

The above plan of correction is approved as of <u>9/15/12</u> (Date)	Plan of correction implementation status as of <u>9/15/12</u> (Date)
The above plan of correction was approved by <u>BR</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

187a

When approached by the director of care, the staff person involved claimed that they must have been distracted due to a resident issue and forgot to initial properly. Unfortunately, we already have a double check system in place that wasn't followed or was deliberately ignored. Our current policy is to double check initialing on the following shift and immediately investigate the fact of the medicine being administered.

Going forward: All trained personnel trained in the assistance of medication administration will be reminded of the following on a monthly basis:

1. We have a double check policy that must be followed.
2. The proper order to assist with administration and initialing.
3. No compliance of using proper procedures will bring disciplinary actions against the violator who repeatedly ignores the policy in place.

* The director of resident care will develop a written reminder and give to each Med Tech or nurse each month. Plan will be in place August 1, 2012.

Raymond L. Lepke 07/24/2012

(ATTACHMENT FOR PAGE #20)

B 9/5/12

Violation Report: 20032 - 06/26/2012 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

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

2a. DESCRIPTION OF VIOLATION
 The record of resident # 8 does not indicate the resident's identifying marks, if any..

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.

This particular plan of correction should be on resident # 7 (report indicates # 8) and is regarding the chart /scale for identifying marks. Resident # 7 had no identifiable marks and an indication of "NONE" should have been placed on the chart in the proper area.

The admitting nurse will indicate "NONE" when it is the appropriate choice. A double check by the director of care on all medical / resident records stored in the med room will help keep the admissions information free of errors. In the absence of the director of care, the administrator will perform the double check. Immediate implementation of policy

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Raymond R. Ripka, Administrator</i>	Date <i>07-24-2012</i>
---	------------------------

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

The above plan of correction is approved as of 9/5/12
 (Date)

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

Plan of correction implementation status as of 9/5/12
 (Date)

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