

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARIA HALL, INC.

LEGAL ENTITY

To operate MARIA HALL

NAME OF FACILITY OR AGENCY

Located at ONE MARIA HALL DR., 3RD FLOOR, 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 36
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: 215210

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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

PW 628 - 01/11



SEP 18 2012

Sister Linda Marie Bolinski, President
Maria Hall, Inc.
580 Railroad Street
Danville, Pennsylvania 17821

RE: Maria Hall
One Maria Hall Drive, 3rd Floor
Danville, Pennsylvania 17821

Dear Sister Bolinski:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 27, 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 "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21521 - 06/27/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2. DESCRIPTION OF VIOLATION

The home was not able to find resident contract for the following residents that were pulled to be reviewed:
 Resident #1: admitted 6/6/12
 Resident # 2: admitted 9/4/07
 Resident #3: admitted 12/19/08

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

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

These residents now have a contract. The Administrator will make sure new residents sign a contract within 24 hours of admission.

* The administrator/assignee will be responsible for ongoing compliance.

M
9/7/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sister Margaret Mary Fest*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sister Margaret Mary Fest* Date *7/18/12*

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)	Verification of Legal Entity Representative Signature <u>9/7/12</u> (Date)
The above plan of correction was approved by <u><i>M</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: 21521 - 06/27/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2. DESCRIPTION OF VIOLATION

A Pennsylvania criminal background check was not completed for staff person A, hired 3/1/01. The staff person had been retained beyond the 30-day provisional hiring period pending receipt of a criminal background check.

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.

Corrected at time of inspection.

All applicants have the Pennsylvania criminal background check completed before they are hired.

* The administrator will monitor all staff records for current criminal background checks and assure ongoing compliance.
 mm
 9/7/12

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Margaret Mary Feat*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sister Margaret Mary Feat* Date *7/18/12*

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 (Date)

Verification of Legal Entity Representative Signature 9/7/12
 (Date)

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

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

Violation Report: 21521 - 06/27/2012 - Patton, Leslie

1. REGULATION 55 Pa. Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2. DESCRIPTION OF VIOLATION

Staff person B, who is the administrator, was unable to produce any of the 24 hours of required training for the 2011 training year.

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 B took a leave from Personal Care Administration because of health issues. Another Administrator was hired to fill the position, but breached her agreement and left the facility, allowing it very little time to find a replacement.

So Staff person B was asked to be Administrator until the previous Administrator could be replaced.

As of this date there is another person on site with current Administrator certification, and a second person is preparing to take that position after she completes the 100 hour course.

* [REDACTED] met her qualifications by the inspection 8/16/12 need to be sent 6/27 will be sent to NEARL director by 9/6/12.
 Sr. Margaret Mary
 9/5/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Sister Margaret Mary Fest*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sister Margaret Mary Fest* Date *7/18/12*

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Violation Report: 21521 - 06/27/2012 - Patton, Leslie

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.

2. DESCRIPTION OF VIOLATION

Staff persons C (hired 2/8/12) and D (hired 2/9/12) did not receive training in the Older Adult Protective Services Act or the home's emergency medical plan which is to be completed by the staff persons' first 40 hours of work.

Staff person E (hired 5/17/12) did not receive training regarding reporting of reportable incidents or the home's emergency medical plan which is to be completed by the staff person's first 40 hours of work.

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

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

Staff persons C and D have received training in the Older Adult Protective Services Act and the home's emergency medical plan.

Staff person E is no longer employed here; her last day of employment was June 29, 2012.

The Orientation form for new staff is being revised to align with Chapter 55; it will be finished by July 31, 2012.

** The administrator will monitor all staff records and assure current + ongoing compliance of all requirements.*

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

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(Required on EVERY Page) *Sister Margaret Mary Fest*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sister Margaret Mary Fest* Date *7/18/12*

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The above plan of correction is approved as of *7/11/12*
(Date)

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

Verification of Legal Entity Representative Signature *7/11/12*
(Date)

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

Violation Report: 21521 - 06/27/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2. DESCRIPTION OF VIOLATION

Staff person A (hired 3/1/01) received 8.5 hours of the required 12 hours of annual training for the training year 2011.

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

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

The staff training form for staff person A shows that she did complete 12 hours in 2011. However, the paper had been misfiled and was found after the ARL representatives left.

Adm. will be responsible for compliance of training & maintaining records in staff files.

*SMM
9/5/12*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Margaret Mary Faust*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sister Margaret Mary Faust</i>	Date
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(Date)

Verification of Legal Entity Representative Signature 9/5/12
(Date)

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(Initials)

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

Violation Report: 21521 - 06/27/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2. DESCRIPTION OF VIOLATION

Staff person A (hired 3/1/01) did not receive training regarding fire safety, emergency preparedness, and falls and accident prevention during the 2011 training year.

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 receive training in fire safety, emergency preparedness, and falls and accident prevention during 2011, but the paper indicating that the training had been completed had been misfiled.

*Adm. will be responsible for completing for trainings and maintained in staff file.
SMM
9/5/12*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Margaret Mary Feit*

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Sister Margaret Mary Feit</i>	Date <i>7/18/12</i>
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(Initials)

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Violation Report: 21521 - 06/27/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2. DESCRIPTION OF VIOLATION

The home's 2012 training plan does not indicate the projected dates when training will occur nor does it specify the staff persons that are anticipated to attend each training subjects.

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.

Many areas of training have already been given in 2012. The remainder will be offered in two sessions to enable all staff to attend. All required topics will be finished by December 20, 2012.

* The administrator will monitor all staff training for ongoing compliance.
 m
 9/7/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Margaret Mary Test*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sister Margaret Mary Test* Date *7/18/12*

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Violation Report: 21521 - 06/27/2012 - Patton, Leslie

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.

2. DESCRIPTION OF VIOLATION

The home did not have the required emergency numbers posted on or near the share resident phone located in the 3rd floor north resident lounge.
 The hall shared resident phone did not have the correct Personal Care Home hot line number. The 1-877-461-8835 was not posted.
 The required numbers were not posted on or near the phone located in room # 307.

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.

As of this date all phones on 3rd floor have the required phone numbers posted on or nearby. In January of each year the Building Administrator will verify that every phone has the numbers posted.

• The administrator/Designee will monitor all telephones for correct numbers on a Monthly basis.

• The administrator will assure ongoing compliance -
 (M 9/7/12)

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

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

Violation Report: 21521 - 06/27/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2. DESCRIPTION OF VIOLATION

Monthly fire drills are not always being conducted on an unannounced basis. Staff persons were given advance notice when the fire drill would be held during December 2011 and January 2012. The notes from the Safety Committee meetings state the following:
 Safety Committee Meeting held on 12/13/11- "The next fire drill will be conducted on 12/15/11 at 3:30pm from ground floor to north."
 Safety Committee Meeting held on 1/10/12- "The January fire alarm will be Tuesday January 24th at 10:30am."

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 fire alarm (drill) date and time will no longer be set at the Safety Committee meeting, beginning with the July 2012 meeting. The presence of the Administrator at the meeting will assure that the date and time are not set.

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

Repeat Violation: No	Date(s) of Previous Violation(s):			
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 (Required on EVERY Page) *Sister Margaret Mary Fest*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sister Margaret Mary Fest</i>	Date <i>7/18/12</i>
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Violation Report: 21521 - 06/27/2012 - Patton, Leslie

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.

2. DESCRIPTION OF VIOLATION

The home's monthly fire drill record indicates the home is not documenting the exact time of evacuation. The home is rounding the time as indicated by the following drills:

Date of Drill	Time of evacuation
5/9/12	6min
4/18/12	6min
3/22/12	5min
2/23/12	4min
1/24/12	7min
12/15/11	7min
11/8/11	5min
10/4/11	8min

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.

Starting with the fire alarm (drill) on July 12, 2012, the Director of Resident Care or her designee times the drill exactly and records it. The Administrator will check the fire log monthly.

The administrator will monitor for ongoing compliance -
[Signature]
 9/7/12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Margaret Mary Fest*

Printed Name and Title of Legal Entity Representative
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Violation Report: 21521 - 06/27/2012 - Patton, Leslie

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.

2. DESCRIPTION OF VIOLATION

The home's emergency medical plan states residents must be transferred to Gelsinger Medical Center in the event of a medical emergency and does not indicate that a resident may utilize a hospital of their choosing, if possible.

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 medical plan has been changed to state that in the event of a medical emergency the resident will be transported to the hospital of [redacted] choice.

** The administrator will assume ongoing compliance -
m
9/7/12*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) *Sister Margaret Mary Fest*

Printed Name and Title of Legal Entity Representative
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(Date)

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(Initials)

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Violation Report: 21521 - 06/27/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

- 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 - (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 - (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 - (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION

The Annual Practicum most recently completed by staff persons F and G is not completed in its entirety due to the Train-the-Trainer not indicating if the staff persons passed the 4th required MAR review. The trainer also did not sign the training, did not indicate if the staff persons in general passed the training, and if so, what date they passed. In addition, the staff persons' record also did not contain the previously completed Annual Practicum and therefore it could not be determined if the training was 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.

The Annual Practicum for staff persons F and G had been completed by the Train-the-Trainer on 5/12/2012. However, at the time the Practicum was administered, there was a miscommunication about the Practicum paper/form being available for the trainer. That misunderstanding has been rectified.

The administrator/Designee will monitor and assure that all training + paperwork is current and accurate.

The administrator will assure ongoing compliance.

M
9/7/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Sister Margaret Mary Feist		
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Violation Report: 21521 - 06/27/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2. DESCRIPTION OF VIOLATION

There was no evidence that resident's were educated on their right to refuse medications if he/she believes that there may be a medication error.

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 Admission for Personal Care packet, after the 27 Rights, it states:
Right to Refuse Medication
 The resident has the right to refuse or question a medication if the resident believes there may be a medication error.

Every resident got a separate set of papers with the 27 Rights and the statement about questioning or refusing medication if a medication error was suspected.

- The administrator will audit all resident, New + current records and assure that residents are educated regarding their right to refuse medications.
 - The audit will be completed 9/28/12.
 - Documentation of Audit will be maintained by the administrator.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Margaret Mary Faust*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sister Margaret Mary Faust* Date *9/18/12*

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Verification of Legal Entity Representative Signature 9/17/12
 (Date)

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