

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EVADNEY SCOGGINS
LEGAL ENTITY

To operate SCOGGINS PERSONAL CARE BOARDING HOME
NAME OF FACILITY OR AGENCY

Located at 1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140
(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 26
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 October 11, 2012 until October 11, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140150

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

NOV 09 2012

Ms. Marcia Waite-Sokale, Administrator
Evadney Scoggins
1243 West Tioga Street
Philadelphia, Pennsylvania 19140

RE: Scoggins Personal Care Boarding Home
1245 West Tioga Street
Philadelphia, Pennsylvania 19140

Dear Ms. Sokale:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 31, 2012 and October 5, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of 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 be the name 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 14015 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 The home manages the finances for resident #2. The home's financial transaction records for resident #2 were missing on 7/31/12.

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.

Resident # 2. Financial transaction records were missed filed thus were not present on 7/31/2012.

Plan: Effective 9/17/2012 Administrator & Assistant Administrator will be checking resident records every month to verify compliance to the regulations.

Prevention: A log will be kept in a locked cabinet with the resident records to ensure that the check was done. Outcome of all reviews will be documented and dated in the log.
 - Administrator will sign off each month to verify that the check was completed.

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
Marcid Waite-Sotak		9/17/2012

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

The above plan of correction is approved as of 10/3/12
 (Date)

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

Plan of correction implementation status as of 10/5/12
 (Date)

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

Violation Report: 14015 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING 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 #3 was not signed by the payer.

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 payer was changed once the resident moved into the home. After 30 days [redacted] contract should have been changed, but it was not done. Once the violation was pointed out to the administrator, Resident # 3 contract was amended to reflect home as representative payee.

Plan: Effective immediately Administrator and Assistant administrator will be reviewing all resident files on a monthly basis. Documentations from those reviews will be logged and kept in a locked cabinet with the resident records.

- Administrator will ensure that the dated documentations will be kept as long as the information is pertinent to the content of the resident folder(s).

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marcia Waite Sokale for E. Scoggins</i>	Date <i>9/17/2012</i>
---	-----------------------

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

The above plan of correction is approved as of <u>10/3/12</u> (Date)	Plan of correction implementation status as of <u>10/3/12</u> (Date)
The above plan of correction was approved by <u>CEM</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: 14016 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 65 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. §§ 10226.101-10226.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A did not receive training in fire safety, emergency preparedness, resident rights and The Older Adults Protective Services Act during 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.

All the proper paper work were placed back into the staff folder (as explained to the inspectors we could not locate them). See attached.

Ultimately Administrator or Assistant will treat staff files in like manner to that used in the residents folders. Monthly checks will be made. Missing training will be address with staff to ensure compliance. If outside training is available staff will be scheduled. As was suggested by the inspector we will also be using calendar year for all staff to make tracking easier. Administrator will continue to verify compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Maria Wate Suleak for E. Scoggins* Date *9/17/2012*

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

The above plan of correction is approved as of 10/3/12 (Date)

Plan of correction implementation status as of 10/3/12 (Date)

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

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

Violation Report: 14015 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2800.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash cans in the home's common bathroom did not have lids on 7/31/12.

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.

Immediate
 All bathrooms now have trash cans with lids.

Plan
 The administrator did purchase new cans (see photos from bathrooms).
 Ensuring that the cans with lids remain in the bathrooms is now party of the housekeepers responsibilities.

Administrator & Assistant administrator will check weekly to see that the cans are in the proper place. If any problem arise administrator will ensure that a replacement will be purchase within a day or 2 to ensure continued compliance. This issue will also be covered at all future staff meetings and inhome training.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia W. Scoggins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia W. Scoggins Jr E. Scoggins* Date *9/17/2012*

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

The above plan of correction is approved as of <u>10/3/12</u> (Date)	Plan of correction implementation status as of <u>10/3/12</u> (Date)
The above plan of correction was approved by <u>CM</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: 14016 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone located in the lounge area did not have the personal care home complaint hotline phone number posted.

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.

Plan: Effective immediately a list of emergency numbers was posted by phones with an outside line (see) attached.

All staff have been trained to look for the attach list of number and to advise the administrator or assistant administrator if the list is missing.

Future: Each month the administrator and the assistant administrator will check the ensure that the list is properly posted. should in case the list is missing administrator will replace immediately and documentation will be kept. Monthly staff meeting will also address the need to keep list posted.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Maria Waite-Skealy

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

Maria Waite-Skealy E. Scoggins

Date 9/17/2012

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

The above plan of correction is approved as of 10/3/12
 (Date)

Plan of correction implementation status as of 10/3/12
 (Date)

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

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

Violation Report: 14015 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2800
 2800.100(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

On 7/31/12, a large pile of loose bricks were stacked precariously against a door positioned in front of the backyard side fence. The bricks are used as an additional barrier to prevent the neighbor's dog from accessing the yard. The bricks present a tripping and falling hazard for the residents.

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.

Plan The bricks were removed immediately following the departure of the inspector. (see photos attached).

Future: (a) No more bricks will be packed against the fence. The administrator did purchase more blue fence coverings to block our premises from the view of the neighbors dogs.

(b) Whenever the blue coverings become damaged by the elements the administrator will purchase new cover and have housekeeping staff replace immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Maria Waite-Solcale*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Maria Waite-Solcale for E. Scoggins* Date *9/17/2012*

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

The above plan of correction is approved as of 10/3/12
 (Date)

Plan of correction implementation status as of 10/3/12
 (Date)

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

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

Violation Report: 14016 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

The window coverings on the windows located on the 1st floor back bathroom and the front bedroom on the 2nd floor had broken slates and did not provide privacy.

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.

Immediate : Blinds were purchased and the damaged ones were replaced. (see attached photo).

Plan Within the next 30-60 days the home is planning to switch out some of the vinyl blinds with wooden blinds. The belief is that the wooden blinds will be more durable. (Eventually all blinds will be replaced with the wood blinds).
 - If after the 30-60 days period we still (as administrator & designee) see damage blinds, the administrator will revert to using curtains.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/17/2011
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Wake-Sheale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marcia Wake-Sheale</i>	Date <i>9/17/2012</i>
--	-----------------------

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

The above plan of correction is approved as of <u>10/3/12</u> (Date)	Plan of correction implementation status as of <u>10/3/12</u> (Date)
The above plan of correction was approved by <u>CRM</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: 14016 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 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 last fire safety inspection and drill observed by a fire safety expert was conducted on 1/25/11.

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.

Plan: Immediately we called the fire dept to scheduled and appointment. We did not get one a letter was sent of to the department on Spring Garden ST on 9/17/2012. Awaiting a response
 Administrator will be going there on 9/28/2012 to get a concrete date on when we will be inspected.
Future Plan: We will send (administrator or assistant was send certified mail a month before each anniversary date to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. W. Schale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marua Wack-Schale for E. Scoggins* Date *9/17/2012*

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

The above plan of correction is approved as of <u>10/3/12</u> (Date) The above plan of correction was approved by <u>CRM</u> (Initials)	Plan of correction implementation status as of <u>10/3/12</u> (Date) <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: 14015 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2800.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home used the 1243 front, 1243 back, 1245 front, 1245 back and connecting doors during fire drills conducted on 1/14/12, 2/16/12, 3/16/12, 4/27/12, 6/12/12, 6/18/12 and 7/19/12.

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.

Plan: Effective immediately all staff have been trained on the importance of using alternate routes/door for each & every fire drill.

- Administrator and assistant administrator will review fire drill logs every 30-60 days. Results from the review will be used in staff training. All new hires will receive instructions regarding the alternate routes/doors for all fire drills.
- Administrator will document result from fire drill record into the home quarterly management documentations.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Krue-Schale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Krue-Schale for E-Scoggins* Date *9/17/2012*

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

The above plan of correction is approved as of <u>10/3/12</u> (Date)	Plan of correction implementation status as of <u>10/3/12</u> (Date)
The above plan of correction was approved by <u>CPM</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: 14015 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 66 Pa.Code §2800
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 - Resident #4's last medical evaluation was completed on 9/25/10.
 - The most current evaluation for resident #5, admitted 11/4/04, was 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.

All residents within the home does receive annual medical evaluation. Unfortunately the documents were missed filed at the time of the inspection Plan: (all attached)

see regulation # 2600-20 we will be following said plan to prevent any more violation

Administrators is ultimately responsible for complete compliance and Administrators & assistant administrators will follow the check list monthly to ensure all records are accurate and up to date.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Marcia Waik-Schale*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Marcia Waik-Schale for E. Scoggins Date 9/25/2012

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

The above plan of correction is approved as of 10/5/12
 (Date)

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

Plan of correction implementation status as of 10/5/12
 (Date)

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

Violation Report: 14015 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

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.

2a. DESCRIPTION OF VIOLATION

The home did not have a record of direct care staff person B's completed medication administration training. Staff person B administers medications to residents.

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.

Immediate: staff B was removed from administering medication until proper documentation was received from the training source. (see attached OMAR (homes) shows stop & start dates see attached documentation from trainer

In the future to prevent this error the administrator (Medication trainer will double check all staff record to ensure everything is in compliance with SPW requirement. If proper documentation is not provided staff will not be allowed to administer medication until the documentation is received. Administrator is responsible for checking and keep track of documentation. Review will monthly.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Klaitz Solak for E-Scoggins* Date *9/25/2012*

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

The above plan of correction is approved as of <u>10/3/12</u> (Date)	Plan of correction implementation status as of <u>10/3/12</u> (Date)
The above plan of correction was approved by <u>CRM</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: 14015 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2800

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 7/31/12, resident # 4's vial of Humalog 75/25 was open and undated. The manufacture's instructions for Humalog 75/25 states that the medication expires within 28 days of opening.

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 immediate Action was to document the medication box based on resident discharge papers & also our daily log.

→ All medication trained staff, have received verbal training & documenting all insulin boxes when they are opened. In the future the administrator will check weekly if we have residents on insulin and all future staff will receive documentation on dating insulin due to expiration of insulin (good for 28 days once open).

→ Administrator is responsible for monitoring and training staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marcia Wark-Sobale

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

Marcia Wark-Sobale, for E. Scoggins

Date 9/25/2012

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

The above plan of correction is approved as of

10/3/12
 (Date)

Plan of correction implementation status as of

10/3/12
 (Date)

The above plan of correction was approved by

CRM
 (Initials)

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

Violation Report: 14015 - 07/31/2012 - Adams, Patricia
PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
The initial assessment for resident #2, admitted 11/16/11, was undated; therefore compliance could not be determined.

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.

Immediate plan:

After the error was pointed out to the administrator the record was amended stating 7/31/2012 S/B 2011.

* Future Plan will follow record keeping plan from violation # 2600-20. page 2

In the future the administrator will verify that all forms are dated and signed in a timely manner. The assistant administrator will also help in the verification process to ensure that nothing is missed.

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) Marcia Waite-Schale for E Scoggins Date 9/25/2012

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

The above plan of correction is approved as of 10/5/12 (Date)

Plan of correction implementation status as of 10/5/12 (Date)

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

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

To Chevron M.

Violation Report: 14015 - 07/31/2012 - Adams, Patricia
PCH Name: SCOGGINS PERSONAL CARE BOARDING 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
The most recent assessment for resident #5 was completed on 11/15/10.

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

Immediate plan → The most recent assessment and support plan is on the same form. The plan was done on 11/14/2011. The forms were not in the folder on inspection date but were placed in the correct folder once the inspection was over.

Future plan:

The administrator & Assistant administrator will be going through each folder on a monthly basis to ensure all updates have been completed. Once a form is completed the form will be added to the folder and checked off in the new log sheet. The administrator will go through the book to verify compliance.

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

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

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

Date *9/17/2012*

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

The above plan of correction is approved as of *10/9/12*
(Date)

Plan of correction implementation status as of *10/9/12*
(Date)

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

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

Violation Report: 14016 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 The initial support plan for resident #2, admitted 11/16/11, was undated; therefore compliance could not be determined.

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.

Policy from previous page will be followed
 on 7/31/2012 the support plan was amended
 when pointed out by the inspector. see
 attachment to page # 14.

The administrator and the assistant administrator
 will go over each and every file to ensure
 compliance. The administrator will ultimately
 be responsible for verifying total compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Marcia Waik-Sokal*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marcia Waik-Sokal for E. Scoggins* Date *9/25/2012*

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

The above plan of correction is approved as of 10/5/12
 (Date)

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

Plan of correction implementation status as of 10/5/12
 (Date)

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

Violation Report: 14016 - 07/31/2012 - Adams, Patricia
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

- The finalized date on the support plan was left blank for resident #3; therefore compliance could not be determined.
- The most current support plan for resident #5 was completed 11/19/10.

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.

All page # 14 violation page # 16 violation forms were new and the administrator missed the date slot. Same procedure from previous page was employed and will be followed in the future.

The administrator and the assistant administrator will go over the records to ensure that each and every form is properly dated and sign. The administrator on a periodic basis will go over each file to verify total compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Marcia Waite-Skale*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marcia Waite-Skale for E Scoggins* Date *9/25/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 10/5/12
 (Date)

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

Plan of correction implementation status as of 10/5/12
 (Date)

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

Violation Report: 14015 - 07/31/2012 - Adams, Patricia
PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 65 Pa.Code §2600
2600.251(d) - Separate resident records shall be kept on the premises where the resident lives.

2a. DESCRIPTION OF VIOLATION
On 7/31/12, resident #1's record was not available on the premises.

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.

Immediately: Resident #1 records were returned to the property.
Plan: No resident record will be removed from the premises again regardless of the situation. Administrator is responsible for all records and their safety.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Waite Sokale for E-Scoggins* Date *9/17/2012*

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

The above plan of correction is approved as of *10/3/12* (Date)

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

Plan of correction implementation status as of *10/3/12* (Date)

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

Violation Report: 14015 - 07/31/2012 - Adams, Patricia
PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 65 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #5's most current photographs was date 5/2010..

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.

As explained to the inspector resident #5 will not pose for picture thus a copy of [redacted] Naturalization certificate with picture attached was placed in [redacted] file. The certificate was date 2011.

Administrator will continue to try to get the picture and will document all efforts. On 10/4/2012 a photographer will be here to do photo id with dates (expiration) for all residents. Hopefully we will get one at that time

WITHDRAWN 10/5/12 CRM

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Marcia Waite-Skule*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Marcia Waite-Skule for E. Scoggins Date 9/17/2012

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

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

Plan of correction implementation status as of _____ (Date)

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

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