



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 18, 2012**

Mr. Frank Minelli, Owner/Administrator  
Pittston Heavenly Manor, Inc.  
Pittston Heavenly Manor  
51 North Main Street  
Pittston, Pennsylvania 18640

Dear Mr. Minelli:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 20, 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Violation Report



Violation Report: 21869 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION** 55 Pa.Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 On 6/23/12 a Duragesic patch was given to Resident #1 by Staff Person A. The patch was actually due on 6/24/12. The physician was notified, however an incident report was not submitted to the Department.  
 Resident #5 did not receive Fosamax 70mg at 8:00am on 8/18/12 as prescribed due to the medication not being on-hand. The home did not complete a Reportable Incident form notifying the Department's regional office of the medication error.  
 Resident #6 did not receive Proventil 90mcg four times a day from approximately 7/25/12- 8/20/12 as prescribed due to the medication not being on-hand. The home did not complete a Reportable Incident form notifying the Department's regional office of the 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.

Reports have been sent to DPW for review. MO notified of above errors. In future; Adm or designee will follow policy of reporting med errors and checks to ensure appropriate and timely reports are made.

Adm will review the home's MAR at least once per week to insure that information is properly recorded and necessary and appropriate steps are taken as per regulation regarding incident reporting. EQ.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Supervisor*      Date *9/07/12*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>10-3-12</u><br>(Date)       | Plan of correction implementation status as of <u>10-3-12</u><br>(Date)   |
| The above plan of correction was approved by <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 21889 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
 Staff Person A was hired on 1/23/12. A criminal background check was not done.

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 member A received background check card was awaiting review upon receiving all documentation will go to DPW office within 10/01/12. In future administrator/designee will check to assure the background checks query complete upon hiring.*

*Documents not received by 10-3-12.  
 Adm will develop a checklist of required items for all employees, and criminal background checks with due dates & time frames will be noted on the document (checklist).*

*The adm or designee will maintain this checklist, update as needed and maintain it in the home for review.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/29/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): *Michelle Burke Supervisor*      Date: *9/07/12*

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

Violation Report: 21869 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTSTON HEAVENLY 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 person B, was hired on 3/3/08 and does not have a high school diploma.

**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 employee mentioned in the above violation is now limited to ancillary duties only.  
 Employee did work as direct care for previous owners, that's why home had her working as direct care. In future administrators will review all employee documents.  
 The adm will maintain a checklist for employees with required elements listed on the document. This will be used to track compliance and due dates for regulations pertaining to employees. The adm will maintain this document and provide them to Dept. Reps upon request. *OS* 10-3-12

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Amy Lamarca - Administrator*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Amy Lamarca Administrator*      Date

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

The above plan of correction was approved by *OS*  
 (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: 21869 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 5 Pa.Code §2600  
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION  
 The home served 54 residents on 8/10/12, 8/11/12, 8/14/12, and 8/16/12, requiring that 54 hours of personal care service be available on these dates. Based upon a review of the home's staff schedule and an interview of staff person C, who is the co-administrator, the following was determined:  
 44 hours of direct care service was available on 8/10/12  
 49.5 hours of direct care service was available on 8/11/12  
 38.25 hours of direct care service was available on 8/14/12  
 45.5 hours of direct care service was available on 8/16/12

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.

Managers in process of hiring more staff to <sup>personnel</sup> accommodate the needs of the residents. Projected date of 9/30/12. The need to review applications and hire staff. In the future hours will be accounted for daily, to ensure the appropriate amount of staff is available.

The administrator will keep a listing of hours needed to meet resident needs, as well as a written formula of staff hours dedicated to direct care versus ancillary care, including meal breaks and any other employee time not dedicated to direct resident care. This document will be updated every 2 weeks and maintained in the home for review by Dept. Reps upon request. *10-3-12*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/29/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burk Supervisor*      Date *9/07/12*

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

The above plan of correction is approved as of 10-03-12 (Date)      Plan of correction implementation status as of 10-03-12 (Date)

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

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

**Violation Report:** 21869 - 08/20/2012 - Yellenic, Cindy  
**PCH Name:** PITTSFORD HEAVENLY MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

**2a. DESCRIPTION OF VIOLATION**  
 The home served 44 residents on 8/10/12, 8/11/12, 8/14/12, and 8/16/12, requiring that 40.5 hours of personal care service be available during waking-hours on these dates. Based upon a review of the home's staff schedule and an interview of staff person C, who is the co-administrator, the following was determined:  
 31 hours of direct care service was available during waking-hours on 8/10/12  
 36.5 hours of direct care service was available during waking-hours on 8/11/12  
 25.25 hours of direct care service was available during waking-hours on 8/14/12  
 32.5 hours of direct care service was available during waking-hours on 8/16/12

**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.

*The managers are currently in process of hiring staff to accommodate the number of hours needed for residents. In future there daily check by administrator/designee to ensure enough hours are being met.*

*The administrator will keep a listing of hours needed to meet resident needs, as well as a written formula of staff hours dedicated to direct care versus ancillary care, including meal breaks and any other employee time not dedicated to direct resident care. This document will be updated every 2 weeks and maintained in the home for review by Dept reps upon request.*

*10-3-12*

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|------------------------------|---|--|
| <b>Repeat Violation:</b> Yes | <b>Date(s) of Previous Violation(s):</b> 05/29/2012 |  |
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**Signature of Legal Entity Representative (Required on EVERY Page)** *Michelle Burke*

|   |                            |
|---|----------------------------|
| <b>Printed Name and Title of Legal Entity Representative (Required on EVERY Page)</b> <i>Michelle Burke</i> | <b>Date</b> <i>9/10/12</i> |
|---|----------------------------|

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

Violation Report: 20869 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTSFORD HEAVENLY MANOR

1. REGULATION 58 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  
 -Resident #2's bed has a source of light that can be turned on/off from bedside, but it does not have a bulb.  
 -Resident #3's bed has a source of light that can be turned on/off from bedside, but it does not work.  
 -Resident #4's bed does not have a source of light that can be turned on/off from bedside. The room has a lamp in it without a bulb.

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 residents will all have operable light; part of housekeepers daily routine to make sure operable and report to administrator to have fixed or replaced. Weekly walk thru to ensure all are operable. In future administrator/designee will make sure this is done.

The adm or designee will use a written checklist on the weekly walk thru in measuring compliance w/ operable bedside lighting. The person who does the checking will initial and date the check list. The checklists will be maintained by the home and provided to the Dept. reps upon request.

OR 10-3-12

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/29/2012

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

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) *Michelle Burke Supervisor*      9/07/12

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

The above plan of correction was approved by *MB* (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: 1869 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTSBURGH HEAVENLY MANOR

1. REGULATION 58 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  
 On 8/20/12, the home did not have documentation that a fire safety inspection and fire drill was conducted by a fire safety expert in 2011 or 2012.

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.

*Did receive safety inspection from fire department 8/29/12; awaiting paperwork from Chief [redacted] and will fax to RPW upon receiving in future will schedule earlier to ensure appropriate time frame allotted in case of cancellation by administrator/designee*

*Once documentation is received from the fire safety expert, it will be faxed to the NE Regional Office for review and acceptance. Fax to 570-963-3018.*

*OO 10-3-12*

|                       |  |
|-----------------------|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): 05/29/2012 |
|-----------------------|--|

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

|   |                     |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Supervisor</i> | Date <i>9/10/12</i> |
|---|---------------------|

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| 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) |
|--|--|

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

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

Violation Report: 21869 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTSBURGH HEAVENLY MANOR

**1. REGULATION 58 Pa.Code §2600**

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

**2a. DESCRIPTION OF VIOLATION**

The Medication Administration Record (MAR) of Resident #5 indicates Tylenol 650 mg was administered at 9:00am on 8/18/12. Tylenol 650mg prescribed to Resident #5 was not on-hand and therefore, Staff Person D, who is the administrator, speculated the medication was taken from another resident and administered to the resident.

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

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

We are making it a priority to see that each resident has all their medications as prescribed on hand, as difficult as that is, & in the future we will communicate w/ the pharmacy that this is imperative & must be in compliance w/ the state re: this particular situation

The adm or designee will go thru the medication cart at least once weekly to review needed medications to make sure all ordered items are on-hand. This will be tracked on a checklist that will be initialed & dated by the staff person who performs this check. The lists will be maintained by the home and presented to Dept Reps upon request. 10-3-12

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

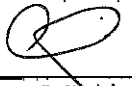
Signature of Legal Entity Representative (Required on EVERY Page) *Amy Lamarca - Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Lamarca - Administrator* Date

**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  (Initials)

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

Violation Report: 21869 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTSTON HEAVENLY MANOR

**1. REGULATION 5 Pa.Code §2600**  
 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**2a. DESCRIPTION OF VIOLATION**  
 The MAR of Resident #5 indicates Cogentin 1mg at 8:00pm was discontinued on 8/14/12 and that the resident is to receive Cogentin .5mg at 8:00am. The resident's MAR also indicates Invega 9mg daily was discontinued on 8/14/12 and that the resident is to now receive Invega 3mg and 9mg at 8:00pm. Staff Person D, who is the administrator, stated Staff Person E took a verbal order for the discontinued medications. Staff Person E is not an LPN or RN and is therefore not permitted to take a verbal order. In addition, there is not written order from the physician to indicate the medication was in fact discontinued.  
 The MAR of resident #10 indicates Stelazine 2mg at 8:00am and 8:00pm was discontinued on 8/14/12 and that the resident is to now receive Stelazine 5mg at 8:00am and 8:00pm. Staff person D stated a verbal order was received but that a written order was not obtained from the prescribing physician.

**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 med orders will be received by myself (LPN-administrator) only & I've made it a priority when received new orders or discontinuation of any med to receive the orders on a written script by our attending's physician & placing that script in the resident's medication file. I will not be waiting anymore to receive those written orders, I explained to the physician that we must receive any new orders in writing immediately from now on. In future administrator ensures MAR's are properly up to date with any correction.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/29/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Amy Lamarca - Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Lamarca - Administrator*      Date:

**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 *[Signature]* (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:** 21869 - 08/20/2012 - Yellenic, Cindy  
**PCH Name:** PITTSFORD HEAVENLY 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**  
 Staff did not sign or initial the MAR of Resident #7 to indicate the following medications was administered at 8:00am on 8/11/12: Calan SR 120mg, Metoprolol 25mg, Vitamin B-1, Singular 10mg, Folic Acid 1mg, Ativan .5mg, Tylenol Extra Strength 500mg. Staff did not sign or initial the MAR of Resident #1 to indicate Plavix 75mg was administered at 8:00am on 8/5/12 or that Lasix 20mg was administered at 8:00am on 8/11/12. Staff did not sign or initial the MAR of Resident #5 to indicate Miralax 17gm and Zoloft 50mg were administered at 8:00am 8/15/12-8/20/12 or that Cogentin .5 g was administered at 8:00am on 8/19/12. In addition, staff initialed the MAR of Resident #6 indicating Proventil 90mcg was administered 4 times a day since approximately 7/25/12- 8/20/12 but the medication was not present in the home and therefore, the MAR was incorrectly signed as being administered.

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

*There is a new policy of each staff checking previous shift to ensure errors do not occur and a weekly check by administrator to measure the staff is in compliance with same. In future administrator/designee will ensure all policies are followed and med sheets are followed appropriately.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/29/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Supervisor*      Date *9/07/12*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>10-3-12</u><br>(Date)<br><i>Checklists will be maintained by the home and reviewed by the Dept. rep upon request.</i><br>The above plan of correction was approved by <u><i>[Signature]</i></u><br>(Initials) | Plan of correction implementation status as of <u>10-3-12</u><br>(Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul> |
|---|---|

Violation Report: 1869 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTS TON HEAVENLY MANOR

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

2a. DESCRIPTION OF VIOLATION

Resident #5 did not receive Fosamax 70mg on 8/18/12 at 8:00am as ordered by the prescribing physician. Milk of Magnesia, Dulcolax, Tylenol, and Senokot prescribed to Resident #5 to be administered as needed, were not on-hand at the time of the on-site visit on 8/20/12.  
 Resident #6 did not receive Proventil 90mcg four times a day as prescribed from approximately 7/25/12- 8/20/12.

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.

There will be policy in place and two shift designated in making sure all meds are on hand for resident's and if they are not to call pharmacy to ensure meds are delivered. The appropriate paperwork filled out and sent to BSW regarding above errors. An yature, administrator designee will ensure call policies are followed and all meds are hand for residents.

This task will be noted on the tracking sheet submitted by the home w/ employees to initial and date their entries. These sheets will be maintained by the home and provided to Dept. reps upon request. EQ 10-3-12

Repeat Violation:  Yes Date(s) of Previous Violation(s): 05/29/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Supervisor* Date *9/07/12*

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 *MB* (Initials)

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

Violation Report: 21869 - 08/20/2012 - Yellenic, Cindy  
 PCH Name: PITTSFORD HEAVENLY MANOR

1. REGULATION 56 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 #2, #4, #5, #8, and #9 did not contain a photograph of the resident or information regarding identifying marks, if any.  
 The record of Resident #3 did not contain a photograph of the resident.

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

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

The transfer sheet will be filled out in it's entirety; none will be on book if there is none for id marks; all photographs of residents are in med book. Will take picture of resident upon arrival to ensure the chart is complete. In future administrator/designee will check to make sure all of above are done in timely manner

Admin will develop a checklist of all items required to be in a resident's chart. These required items will be checked to insure every resident record contains the required items.

|                  |     |                                   |            |
|------------------|-----|-----------------------------------|------------|
| Repeat Violation | Yes | Date(s) of Previous Violation(s): | 05/29/2012 |
|------------------|-----|-----------------------------------|------------|

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

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| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Michelle Bueck Supervisor</i> | Date<br><i>9/07/12</i> |
|--|------------------------|

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

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|---|---|
| The above plan of correction is approved as of <u>10-3-12</u><br>(Date)       | Plan of correction implementation status as of <u>10-3-12</u><br>(Date)   |
| The above plan of correction was approved by <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |